## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P01000015655

1. Entity Name TROPICAL THREADS, INC.



## r 1LED Mar 19, 2003 8:00 am Secretary of State ○3-19-2003 90130 ○01 \*\*\*\* | State |

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SMYRNIOS, LEWIS 270 ROBERT WAY SOUTH SATELLITE BEACH FL 32937  8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am hamilar with, and accept the chilipations of registered agent.  Signature Title Now/III FEE IS 3150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  171	Zìp	Country		Zip Cou		Cour	ntry .	5. (	Certificate of Status Desired		8.75 Add	ditional
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270 ROBERT WAY SOUTH SATELUTE BEACH PL 32937   City   FL   Zip Code		U. Hame		- Tregistere			Name -	٠.٠, حي	~			-
SATELLITE BEACH FL 32937  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent.  SIGNATURE    Signature in years of prime name or registered agent and line a suplication.   (NOTE Registered Agent or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent. To both, in the State of Florids. I am familiar with, and accept the colligations of registered agent.   ONTE Registered Agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the familiar with and accept the familiar with, and accept the familiar with and accept the familiar with and accept the familiar with and ac		-			•		Street Address	(P.O. B	ox Number is Not Acceptable)			
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13. Thoropy corting that the information supplied with this tilling does not quality for the exemption stated in Section 119 (1730). Florida Statutes 3 (infiner certify that the information 119)	1	ortifu that th	a information supplied wit	h this filing	does not qualify fo			Section	119 07(3)(i) Florida Statutes 1 fi	urther certif	v that the i	information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.