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

## **DOCUMENT #**

P01000030735

1. Entity Name

TROPICAL REFINISHING INC.



**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90087 010 \*\*\*150.00

Principal Place 13402 NW 10 SUNRISE FL	STREET	S	Mailing Address 13402 NW 10 STREE SUNRISE FL 33323	त						
2. Principal Place of Business			3. Mailing Address				<b>           </b>			[
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number	4. FEI Number 65-1120259			oplied For ot Applicable
Zip Country		Zip	Zip Country					<b>8.75</b> Addee Require		
	6. Name	and Address of Current F	Registered Agent		_	7. Name and Ad	dress of New Ro	egistered Ag	jent	
					Name	· · · · · ·	_			
BREMSER, WARREN G					*			_		
	•				Street Address (P.O. Box Number is Not Acceptable)					
13402 NW 10 STREET					<del></del> -		•			
SUNRISE	FL 33323	•								
					City			FL	Zip Cod	le
		<del> </del>			L				<u> </u>	
	e named entity tions of regist	y submits this statement for	the purpose of changin	ig its registere	ed office or regis	tered agent, or both, i	in the State of Floi	rida. I am far	miliar with,	and accept
trie obligat	uons or regist	ered agent.								
SIGNATURE .					· <u>-</u> ,					
	Signature, typed	or printed name of registered agent ar	nd title if applicable.	(NOTE: Registered	d Agent signature requi	ired when reinstating)		DATE		
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Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State			I	on Campaign Fina Fund Contribution			0 May Be to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP