

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

03-19-2003 90145 031 ***150.00

DOCUMENT # **P01000057945**

1. Entity Name
TROPICAL INTERFACE, INC.



Principal Place of Business
**625 LAKESIDE HARBOR
BOYNTON BEACH FL 33435**

Mailing Address
**625 LAKESIDE HARBOR
BOYNTON BEACH FL 33435**

55038559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNKE, THOMAS R
625 LAKESIDE HARBOR
BOYNTON BEACH FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2003: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WARNKE, THOMAS R**
STREET ADDRESS **625 LAKESIDE HARBOR**
CITY-STATE-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **THOMAS R. WARNKE**
STREET ADDRESS **625 LAKESIDE HARBOR, 561-732-1676**
CITY-STATE-ZIP **BOYNTON BEACH, FL 33435**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director

3-15-03 561-236-0155

CF2E064 (7/02)

04/14/2003 10:27 5617320377

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Attachment #
55038559
0010000057945Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.EIN **56-2344080**
OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested THOMAS R. WARNEKE	
	2 Trade name of business (if different from name on line 1) TROPICAL INTERFACE	3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no., and street, or P.O. box) 635 LAKESIDE HARBOR	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code BOYNTON BEACH FL 33435	5b City, state, and ZIP code
	6 County and state where principal business is located PALM BEACH COUNTY FLORIDA	
7a Name of principal officer, general partner, grantor, owner, or trustee THOMAS R. WARNEKE		7b SSN, ITIN, or EIN 266-96-6116
8a Type of entity (check only one box)		
☒ Sole proprietor (SSN) 266-96-6116 ☐ Partnership ☐ Corporation (enter form number to be filed) ▶ ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶		
☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		
9 Reason for applying (check only one box)		
☒ Started new business (specify type) ▶ CONSULTING ☐ Kind employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶		
☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10 Date business started or acquired (month, day, year) 6-1-02		11 Closing month of accounting year DECEMBER
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). 6-1-03		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0". Agricultural Household Other 1		
14 Check one box that best describes the principal activity of your business.		
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) CONSULTING ☐ Accommodation & food service ☐ Wholesale-retailer ☐ Retail		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. CONSULTING		
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note: If "Yes," please complete lines 16b and 16c.		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Address and ZIP code	Designee's telephone number (include area code) Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **THOMAS R. WARNEKE** (561) 236-0155
 Signature ▶ **THOMAS R. WARNEKE** Date ▶ **4-10-03** (561) 732-0377
 Applicant's telephone number (include area code)
 Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cvt. No. 16055N

Form SS-4 (Rev. 12-2001)