

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 028 ***150.00

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DOCUMENT # P01000061239

1. Entity Name
TROPICAL GENOMICS, INC.



Principal Place of Business
7935 213TH ST. E
BRADENTON FL 34202

Mailing Address
7935 213TH ST. E
BRADENTON FL 34202

2. Principal Place of Business

3. Mailing Address
P. O. Box 611

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallevast, FL

4. FEI Number 65-1114846

Applied For
Not Applicable

Zip Country

Zip Country
34270-0611

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASWELL, CHRIS
2364 FRUITVILLE ROAD
SARASOTA FL 34237

Name
Carrie Castillo
Street Address (P.O. Box Number is Not Acceptable)
7935 213th Street East

City
Bradenton FL Zip Code
34202

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-27-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D CASTILLO, CARRIE
900 COCOANUT AVE
SARASOTA FL 34236 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80143522

HOWARD R. WOMELDORPH, JR., C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

7648 LOCKWOOD RIDGE ROAD, SARASOTA, FLORIDA 34243 (941) 351-3561

September 2, 2003

Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314

RE: Tropical Genomics, Inc.
Document #P01000061239
FEI # 65-1114846

To Whom It May Concern:

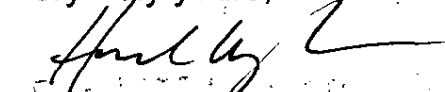
It has come to my attention that my client did not receive the first Uniform Business Report mailed to them in January. They received the attached 2003 Uniform Business Report just recently.

We called your office explaining the situation and you advised us to enclose a letter along with this return.

Enclosed please find the 2003 Uniform Business Report, and a check for \$150.00.

If you have any questions regarding this matter please call me at 941-351-3561.

Very truly yours,



Howard R. Womeldorph, Jr., C.P.A.

HRW/ljw

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