

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90002 034 \*\*\*550.00

**DOCUMENT # P01000065989**

1. Entity Name

TROPICAL TEXTURES & DRYWALL, INC.

Principal Place of Business

1287 SUMMIT RUN CIRCLE  
 WEST PALM BEACH FL 33415

Mailing Address

1287 SUMMIT RUN CIRCLE  
 WEST PALM BEACH FL 33415

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

65-1119212

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

KIRK, ROBERT W JR

1287 SUMMIT RUN CIRCLE  
 WEST PALM BEACH FL 33415

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)



**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.



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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME KIRK, ROBERT W JR  
 STREET ADDRESS 1287 SUMMIT RUN CIRCLE  
 CITY-ST-ZIP WEST PALM BEACH FL 33415

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSTD  
 NAME STANFIELD, RICHARD  
 STREET ADDRESS DOWNWOOD WAY  
 CITY-ST-ZIP ROYAL PALM BEACH FL 33441

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert W. Kirk, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/02  
 Date

(561) 471-3699  
 Telephone Number