

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 011 ***150.00

DOCUMENT # P01000103446

1. Entity Name

Tropical Babies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1754 Pickwick PL.

Suite, Apt. #, etc.

3. Mailing Address

1754 Pickwick PL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Orange Park Jacksonville, FL.*

City & State *Orange Park, FL. Jacksonville, FL.*

4. FEI Number

59-3753079

Applied For

Not Applicable

Zip *32003* Country *U.S.*

Zip *32003* Country *U.S.*

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *John W. Williams*

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

1754 Pickwick PL.

City *Orange Park*

FL

Zip Code *32003*

DO NOT WRITE IN THIS SPACE

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.

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>President</i>
NAME	<i>John W. Williams</i>
STREET ADDRESS	<i>1754 Pickwick PL.</i>
CITY-ST-ZIP	<i>Orange Park, FL 32003</i>
TITLE	<i>Vice-President</i>
NAME	<i>Andrew Wetherington</i>
STREET ADDRESS	<i>2028 Stewart Rd #56</i>
CITY-ST-ZIP	<i>Melbourne, FL 32935</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

John W. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

904-269-6617

Daytime Phone #

CR2E034B (12/01)