

**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

54-3753079

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.

0

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 President
NAME John W. Williams
STREET ADDRESS 1754 Pickwick PL.
CITY-STATE-ZIP Orange Park, FL 32003

TITLE Vice-President
NAME Andrew Wetherington
STREET ADDRESS 2028 Stewart Rd #56
CITY-STATE-ZIP Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

904-269-6617

Daytime Phone #

CR2E034B (12/01)