2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 10, 2003 8:00 am
Secretary of State
01-15-2003 90240 034 ***150.00

DOCUMENT # P02000060645

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1. Entity Name
TROPIC ISLE BEACH RESORT, INC.

Principal Place of Business	Mailing Address
~~C/O BLAKESBERG & COMPANY, CPAS~~	~~C/O BLAKESBERG & COMPANY, CPAS~~
~~951 SW 4TH AVENUE~~	~~951 SW 4TH AVENUE~~
~~BOCA RATON FL 33432-5803~~	~~BOCA RATON FL 33432-5803~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
370 S A1A Hyway	370 S A1A Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeerField Beach	City & State: DeerField Beach, Fl
Zip: 33441 Country:	Zip: 33441 Country:

4. FEI Number: 02-0610241 ☐ 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
BLAKESBERG, JON D 951 SW 4TH AVENUE BOCA RATON FL 33432-5803	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deniza Tuns 1650 SW 7TH CT, BOCA RATON FL 33486 (HOME ADDRESS)	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. PETRU TUNS 1650 SW 7TH CT. BOCA RATON FL. 33486	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETERY PETRA TUNS SAME ADRESS	☐ 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	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 REQUIRED 1-12-02 (954)427-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL, OFFICER OR DIRECTOR: Deniza Tuns President
Date Daytime Phone #

CR2E084 (10/02)