

FILED
May 01, 2003 8:00 am
Secretary of State

04-03-2003 90146 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000101426

1. Entity Name
TROPICAL WEATHERPROOFING INNOVATIONS, INC.



Principal Place of Business
1150 NE 37TH STREET
POMPANO BEACH FL 33064

Mailing Address
7667 W SAMPLE RD PMB 217
CORAL SPRINGS FL 33065

2. Principal Place of Business

521 INDUSTRIAL AVE

Suite, Apt. #, etc.

3. Mailing Address

521 INDUSTRIAL AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach FLA

City & State
Boynton Beach FLA

4. FEI Number
16-1643501

Applied For
Not Applicable

Zip
33426

Country
PALM BCH

Zip
33426

Country
PALM BCH

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

RAVOSA, JOSEPH R
1150 NE 37TH STREET
POMPANO BEACH FL 33064

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

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
RAVOSA, JOSEPH R
1150 NE 37TH STREET
POMPANO BEACH FL 33064

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

TITLE
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CITY-ST-ZIP
RAVOSA, JOSEPH R
521 INDUSTRIAL AVE
Boynton Beach FLA 33426

TITLE
NAME
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☐ Change ☐ Addition

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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:

JOSEPH R RAVOSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/03 954-783-9400
Date Daytime Phone #

CR2E034 (10/02)