


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90064 049 ***150.00

DOCUMENT # P02000111549

1. Entity Name
TROPIC AIR SUPPLY, INC.



Principal Place of Business
**4505 PROSPERITY DRIVE
FORT PIERCE FL 34981**

Mailing Address
**4505 PROSPERITY DRIVE
FORT PIERCE FL 34981**

Y0000000



2. Principal Place of Business
**4115 Bandy Blvd
Suite, Apt. #, etc.
PMB # 12
City & State
FT. PIERCE, FL
Zip
34981
Country
USA**

3. Mailing Address
**4115 Bandy Blvd.
Suite, Apt. #, etc.
PMB # 12
City & State
FT. PIERCE, FL
Zip
34981
Country
USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **43-1986264** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, RICKEY L ESQ
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE D	<input type="checkbox"/> Delete
NAME KORBEL, KIMBERLY	
STREET ADDRESS 4440 SE 134TH AVENUE	
CITY-ST-ZIP OKEECHOBEE FL 34974	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT - SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIMBERLY S. KORBEL	
STREET ADDRESS 4440 SE 134TH AVE	
CITY-ST-ZIP OKEECHOBEE, FL 34974	
TITLE VICE PRESIDENT - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RONALD G. KORBEL	
STREET ADDRESS 4440 SE 134TH AVE	
CITY-ST-ZIP OKEECHOBEE, FL 34974	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Kimberly Koebel** **Kimberly Koebel** **1/8/03** **772-468-6480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRES.

01-13-2003

CR2E034 (10/02)