

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90307 022 \*\*\*150.00

**DOCUMENT # P92000012694**

1. Entity Name  
**TROPICAL CONCEPTS, INC.**

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>2136 TAMARRON TERRACE<br>PALM HARBOR FL 34683 | Mailing Address<br>2136 TAMARRON TERRACE<br>PALM HARBOR FL 34683 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

1 2 0 1 4 8



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                                                                 |                |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3167306</b>                                                                 | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                                                                 | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |
| Zip                            | Country | Zip                 | Country |                                                                                                 |                |

|                                                                                           |  |  |                                                    |  |  |    |          |
|-------------------------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|----|----------|
| 6. Name and Address of Current Registered Agent                                           |  |  | 7. Name and Address of New Registered Agent        |  |  |    |          |
| <b>CASTILLO, MARCUS A ESQ.</b><br><b>19345 US HWY 19 NO</b><br><b>CLEARWATER FL 34624</b> |  |  | 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 |                       |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|-----------------------|---------------------------------|-------------------------------------------------------|---------------------------------|-----------------------------------|
| TITLE                      | PVTS                  | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | GLENN, LINDA A        |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             | 2136 TAMARRON TERRACE |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                | PALM HARBOR FL 34683  |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP                                           |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME                                                  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS                                        |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP                                           |                                 |                                   |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda A. Glenn **LINDA A. GLENN** 4/15/01 (727) 784-7904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)