

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91456 038 \*\*\*150.00

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DOCUMENT # P95000020685

1. Entity Name  
TURTLE KRAALS, INC.



Principal Place of Business  
231 MARGARET ST  
KEY WEST FL 33040

Mailing Address  
231 MARGARET ST  
KEY WEST FL 33040

2. Principal Place of Business  
1319 OLIVIA STREET  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 6266  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
KEY WEST FL

City & State  
KEY WEST FL

4. FEI Number 65-0571593

Applied For  
Not Applicable

Zip 33040 Country USA

Zip 33041-6266 Country USA

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

## 6. Name and Address of Current Registered Agent

TRIPP, PAUL  
231 MARGARET ST.  
KEY WEST FL 33040

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1319 OLIVIA STREET  
City KEY WEST FL Zip Code 33040

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 *Paul Tripp*  
Signature, typed or printed name of registered agent and title, if applicable.

ERROR (P)

4/29/03

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 ☐ Delete  
NAME TRIPP, PAUL  
STREET ADDRESS 231 MARGARET ST  
CITY-ST-ZIP KEY WEST FL 33040

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1319 OLIVIA STREET  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Paul Tripp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 305-294-4936  
Date Daytime Phone #

CR2E034 (10/02)