

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90044 027 ***150.00

DOCUMENT # P95000073400

1. Entity Name
TROPICAL PARTNERS, INC.

Principal Place of Business 1924 SOUTH OSPREY SUITE 200 SARASOTA FL 34239 US	Mailing Address P.O. BOX 1329 SARASOTA FL 34230 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0682352** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCCURDY, JEFFREY
 1924 S OSPREY AVE
 SUITE 200
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **W. Lee McGinness**
 Street Address (P.O. Box Number is Not Acceptable) **1800 Second Street**
Suite 971
 City **Sarasota** FL Zip Code **34236**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 **PTD** Delete
 NAME **GRIFFIN, WILLIAM D**
 STREET ADDRESS **1924 S OSPREY AVE SUITE 200**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VS** Change Addition
 NAME **Randal D. Salser**
 STREET ADDRESS **1924 S. Osprey Ave, Suite 200**
 CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **VS** Delete
 NAME **MCCURDY, JEFFREY**
 STREET ADDRESS **1924 S OSPREY AVE SUITE 200**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *[Signature]* **REQUIRE** *Randy Salser* 4/30/02 (941) 316-6827
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)