FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90431 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038179

1. Entity Name
~~A & J EXPERT~~
TROPIC COAST BUILDING & DESIGN INC.
1847 N UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7630 NW 6TH AVE	7630 NW 6TH AVE
Suite, Apt. #, etc. (CHANGE)	Suite, Apt. #, etc. (CHANGE)
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33487 Country USA	Zip 33487 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0678783 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOEL SCHULTZ

Street Address (P.O. Box Number is Not Acceptable) 9740 NW 82ND ST (CHANGE)

City TAMARAC FL Zip Code 33321

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: _____ VP DATE 5/1/02
Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent signature required when changing)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	ALAN CRAFE
STREET ADDRESS	225 NE 20TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	VICE PRESIDENT
NAME	JOEL S. SCHULTZ CHANGE
STREET ADDRESS	9740 NW 82ND ST
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VP 5/01/02 561-372-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #