

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90060 036 ***150.00

USPS031 AI1

DOCUMENT # P96000066307

1. Entity Name
TROPICOLORS INC.



Principal Place of Business
1599 SW 30TH AVENUE
SUITE 1
BOYTON BEACH FL 33426

Mailing Address
P.O. BOX 244348
BAYNTON BEACH FL 33424-4348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6107 WINDLASS CIR
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 244348
 Suite, Apt. #, etc.

City & State
BOYNTON BEACH FL
 Zip
33437 Country
USA

City & State
BOYNTON BEACH FL
 Zip
33424-4348 Country
USA

4. FEI Number
65-0687086

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REYNOLDS, PAUL
1599 SW 30TH AVENUE
SUITE 1
BOYTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name
REYNOLDS, PAUL N.
 Street Address (P.O. Box Number is Not Acceptable)
6107 WINDLASS CIRCLE
 City
BOYNTON BEACH FL Zip Code
33437

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 *Paul N. Reynolds* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D REYNOLDS, PAUL	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 1599 SW 30 AVE, STE 1		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33426		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME		NAME	
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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:

Paul N. Reynolds
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.02
 Date

561
 719-9595
 Daytime Phone #

CR2E034 (9/01)