

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90486 010 \*\*\*150.00

**DOCUMENT # P96000094168**

1. Entity Name  
**TROPICO REEFLIFE, INC.**

Principal Place of Business  
**1717 MEXICO AVE.**  
**TARPON SPRINGS FL 34689**

Mailing Address  
**1717 MEXICO AVE.**  
**TARPON SPRINGS FL 34689**

2. Principal Place of Business  
**1717 Mexico Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 2837**  
 Suite, Apt. #, etc.

City & State  
**TARPON SPRINGS FL.**  
 Zip  
**34689**  
 Country  
**USA**

City & State  
**PALEMBANG FL.**  
 Zip  
**34689**  
 Country  
**USA**

4. FEI Number  
**59-3423023**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ANGELIDI, GIANNI**  
**1717 MEXICO AVENUE**  
**#1**  
**TARPON SPRINGS FL 34689**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANGELIDI, GIANNI</b> <b>1717 MEXICO AVE.</b> <b>TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NAPOLI, BEVERLY</b> <b>1717 MEXICO AVE</b> <b>TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-29-02** **727-942-3008**  
 Date Daytime Phone #

CR2E034 (9/01)



*Attachments*

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

June 3, 2002

TROPICO REEFLIFE, INC.  
PO BOX 2337  
PALM HARBOR, FL 34682

*869411*

Subject: **TROPICO REEFLIFE, INC.**

Reference Number: **P96000094168**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AA

ANNUAL REPORTS SECTION