## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addre

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

## **FILED** May 24, 2002 8:00 am § Secretary of State **DOCUMENT #** P96000097987 1. Entity Name TROPICAL SPECIALTIES CO. 05-24-2002 91288 014 \*\*\*150.00 Principal Place of Business Mailing Address 5225-A EIGHT AVENUE SOUTH 5225-A EIGHT AVENUE SOUTH \* A A A A A A ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3427039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEAIRD, LEE Street Address (P.O. Box Number is Not Acceptable) 5225-A EIGHTH AVE. S ST. PETERSBURG FL 33707 City 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. SIĞNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPTS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEAIRD, LEE E NAME STREET ADDRESS 5225-A EIGHT AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 reputred by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (9/01)