

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

04-08-2002 90239 028 ***150.00

DOCUMENT # P97000015109

1. Entity Name

EXOTIC TROPICAL AVERY, INC.

Principal Place of Business

**10222 N.W. 32 STREET
 SUNRISE FL 33351**

Mailing Address

**10222 N.W. 32 STREET
 SUNRISE FL 33351**

2. Principal Place of Business

307 SW South Quick Cir

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port SAINT Lucie, FL

City & State

Zip

**SAINT
 Lucie**

Country

4. FEI Number

65-0728617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRISTOL, BETTY
 10222 N.W. 32 STREET
 SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BRISTOL, BETTY**
 CITY-ST-ZIP **10222 NW 32 ST
 SUNRISE FL 33351**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **307 SW South Quick Cir**
 CITY-ST-ZIP **Port ST. Lucie, FL 34953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 97327
DOC# P97000015109

7/11/2002

Florida Dept of State
Corporation Records
P.O. Box 6327
Tallahassee, Florida 32314

Re: Exotic Tropical Aveny Inc
307 SW South Quick Cir
Port St. Lucie, FL 34952

Dear Sir:

Regarding reporting/uniform business report. Please waive the late fee. We did not receive the form in the mail. You received and cashed the check for \$150⁰⁰ on April 5th, 2002. Please find the attached form signed in proper place. I spoke to Michels on July 7th, 2002 regarding this matter. If for any reason you need to contact me please do so at 772-873-5720.

Sincerely yours

Betty Bristol