

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041722

1. Entity Name
TROPICAL RAINFLORIST, INC.

Principal Place of Business
12404 SHELBY DRIVE
RIVERVIEW FL 33569

Mailing Address
P.O. BOX 1111
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3445988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPPIN, CAROLYN J
12404 SHELBY DRIVE
RIVERVIEW FL 33569

Name
CAROLYN J Wilson
Street Address (P.O. Box Number is Not Acceptable)
12404 Shelby DR
City RIVERVIEW FL Zip Code 33569

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-28-01

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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PIPPIN, CAROLYN J
STREET ADDRESS 12404 SHELBY DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE PSTD
NAME Wilson, CAROLYN J
STREET ADDRESS 12404 Shelby DR
CITY-ST-ZIP RIVERVIEW, FL 33569 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-01

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 032 ***550.00



DO NOT WRITE IN THIS SPACE

0120281 AT

CR2E034 (5/01)