## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P98000009865** 1. Entity Name TROPI MEX, INC. 03-23-2000 90037 019 \*\*\*150.00 Mailing Address Principal Place of Business 5621 ADAMO DRIVE 5621 ADAMO DRIVE SUITE G SUITE G TAMPAIFL 33619 TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City, & State 59-3496948 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCANNALLY, WILLIAM H IV Street Address (P.O. Box Number is Not Acceptable) 420 W. BRANDON BLVD., STE. 202 BRANDON FL 33511 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE LICHTY, ROSA M NAME NAME 4313 GENTRICE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ---CITY-ST-7IP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE 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 of 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

ROSA M. Lichty 3/17/00 813

other like empowered.

**SIGNATURE**