

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90033 020 \*\*\*150.00

**DOCUMENT # P98000009865**

1. Entity Name

TROPIC MEX, INC.

Principal Place of Business

5621 ADAMO DRIVE  
 SUITE G  
 TAMPA FL 33619

Mailing Address

5621 ADAMO DRIVE  
 SUITE G  
 TAMPA FL 33619

**733481**

2. Principal Place of Business

3. Mailing Address

217 Hobbs St

217 Hobbs St

Suite, Apt., etc.

Suite, Apt., etc.

Suite 106

Suite 106

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33619

Country

Hillsborough

Country

Hillsborough

6. Name and Address of Current Registered Agent

MCANNALLY, WILLIAM H IV  
 420 W. BRANDON BLVD., STE. 202  
 BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Rosa M. Lichty

Street Address (P.O. Box Number is Not Acceptable)

4313 Gentrice Drive

Valrico, FL 33594

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

Rosa M. Lichty

3/19/01

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 \$150.00**  
**After MAY 1, 2001 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 D  
 NAME LICHTY, ROSA M  
 STREET ADDRESS 4313 GENTRICE DR.  
 CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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  
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

Rosa M. Lichty

Date

Daytime Phone #

03/19/01 813-651-1315

CR2E034 (10/00)