

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0603322 AV

**DOCUMENT # P98000033793**

1. Entity Name

**TROPICAL MEDICAL SUPPLY, INC.**

04-10-2002 90450 021 \*\*\*150.00

Principal Place of Business

**3935 ENTERPRISE AVENUE  
 NAPLES FL 34104**

Mailing Address

**3935 ENTERPRISE AVENUE  
 NAPLES FL 34104**

0000400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3511 PLOVER AVE**

Suite, Apt. #, etc.

**101**

3. Mailing Address

**3511 PLOVER AVE**

Suite, Apt. #, etc.

**101**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

Zip

**34117**

Country

**USA**

Zip

**34117**

Country

**USA**

4. FEI Number

**59-3506317**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROSS, DONALD K JR.**

**2640 GOLDEN GATE PARKWAY STE. 206**

**NAPLES FL 34105**

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.

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **VTD** ☐ Delete  
 NAME **WOLNY, RUSTI**  
 STREET ADDRESS **491 31ST STREET N.W.**  
 CITY-ST-ZIP **NAPLES FL 34120**

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 **VTD** ☒ Change ☐ Addition  
 NAME **WOLNY, RUSTI**  
 STREET ADDRESS **3511 PLOVER AVE S-101**  
 CITY-ST-ZIP **NAPLES FL 34117**

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:

**Rusti Wolny**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**  
 Date

**941-480-9165**  
 Daytime Phone #

CR2E034 (9/01)