

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90014 017 \*\*\*150.00

0022543

**DOCUMENT # P98000045262**  
 1. Entity Name  
**TROPICAL PCB DESIGN SERVICES, INC.**

Principal Place of Business 6511 SOUTHWEST 7TH PLACE NORTH LAUDERDALE FL 33068	Mailing Address 6511 SOUTHWEST 7TH PLACE NORTH LAUDERDALE FL 33068
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2. Principal Place of Business <b>7960 Banyan Blvd.</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Loxahatchee FL</b>	City & State
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Zip <b>33470-3030</b>	Country	Zip	Country
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4. FEI Number <b>65-0837013</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BURTON, SAM K 6511 SOUTHWEST 7TH PLACE NORTH LAUDERDALE FL 33068</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7960 Banyan Blvd. Loxahatchee FL 33470-3030</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sam K Burton, President **SAM K BURTON** 2-13-01 5617849537  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)