

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000061164**1. Entity Name
TROPICAL ORGANICS CORP.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90084 031 ***150.00

00303010 AV

Principal Place of Business
**14 SOUTH "B" STREET
LAKE WORTH FL 33460**Mailing Address
**14 SOUTH "B" STREET
LAKE WORTH FL 33460****B0138065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0861309**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KRASKER, PAUL A
625 N FLAGLER DR 9TH FLOOR
WEST PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

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. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP**D
MCGREEVY, THOMAS W
3700 LAKE WORTH ROAD
LAKE WORTH FL 33461**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BRAND, BRUCE A
3700 LAKE WORTH ROAD
LAKE WORTH FL 33461**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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: *Thomas W. McGreevy*

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 9-11-02

TO - DEPARTMENT OF STATE #P98000061164
FROM - TROPICAL ORGANICS CORP.
RE - UNIFORM BUSINESS REPORT

SIRS,

AS PER my CONVERSATION WITH
YOUR OFFICE, AS INSTRUCTED, I AM
WRITING YOU TO STATE THAT NO
UNIFORM BUSINESS REPORT APPLICATION
WAS SENT TO US PRIOR TO THIS ENCLOSED
ONE. AS INSTRUCTED, I AM ENCLOSED
THE CHECK OF 150⁰⁰.

Thank you
Thomas V. McGreevy