2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000067284 1. Entity Name TROPICAL ACCENTS IMPORTS INC.

FILED Aug 22, 2000 8:00 am Secretary of State

THO TOAL ACCEPTS BUILDING, INC.					08-22-2000 90219 009 ***550.00					
Principal Place of Business 2841 LAKESHORE* MT. DORA FL 92757		Mailing Address 2841 LAKESHORE MT. DORA FL 32757						U1300		
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc. / Suite, Apt. #.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State MT-DORA-F1.		City & State			4. FEI Numb	^{Der} 59	-353130	1	<u> </u>	pplied For ot Applicable
327		Zip	Count	ry	5. Certificate	e of Status	s Desired		8.75 Ad ee Require	
	6. Name and Address of Current R	egistered Agent			7. Name an	d Address	s of New R	egistered A	gent	
4. 4 m				Name						
	TH, LINDA L			Street Address	s (P.O. Box Numb	er is Not A	Acceptable))		
2841 LAKESHORE MT. DORA FL 32757			-							
MII.	DONA FE 32/3/									
	-4" (3" C"			City				FL	Zip Cod	te
8. The above	named entity submits this statement for	the nurpose of changing its re	eaistere	d office or regist	tered agent, or bo	oth, in the	State of Flo	rida.	1	
			-3		,,					1
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signature requi	ired when reinstating)	*		DATE		
9. This corne	pration is aligible to eatisfy its Intangible	FILE NOWIN	FFF	S \$550 00						
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After SEPTEMBER 13 Make Check Payable	, 2000°I	Min. will be \$7	750.00 _{Tr}		mpaign Fina Contribution		\$5. 0 Adde	00 May Be d to Fees
Tax filing r	requirement and elects to do so. ria on back) OFFICERS AND D	After SEPTEMBER 13 Make Check Payable	, 2000°I	Min. will be \$7	750.00 _{Tr} State	ust Fund (Contribution		Adde	d to Fees
Tax filing r (See criter	requirement and elects to do so. ria on back) OFFICERS AND D	After SEPTEMBER 13 Make Check Payable	, 2000°1 e to De 12.	Min. will be \$7 partment of S	750.00 _{Tr} State	ust Fund (Contribution	icers and	Adde	d to Fees
Tax filing r (See criter 11. TITLE NAME	requirement and elects to do so. ria on back) OFFICERS AND D DP SMITH, LINDA L	After SEPTEMBER 13 Make Check Payable	2000 Te to De	Min. will be \$7 partment of S	750.00 _{Tr} State	ust Fund (Contribution	icers and	Adde DIRECTOF	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS	requirement and elects to do so. ria on back) OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE	After SEPTEMBER 13 Make Check Payable	12. TITLE NAME STREE	Min. will be \$7 partment of S	750.00 _{Tr} State	ust Fund (Contribution	icers and	Adde DIRECTOF	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	requirement and elects to do so. ria on back) OFFICERS AND D DP SMITH, LINDA L	After SEPTEMBER 13 Make Check Payable PIRECTORS Detete	12. TITLE NAME STREE	Min. will be \$7 partment of S	750.00 _{Tr} State	ust Fund (Contribution	n. ICERS AND	Adde DIRECTOR Change	d to Fees
Tax filing r (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	requirement and elects to do so. ria on back) OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE	After SEPTEMBER 13 Make Check Payable	12. TITLE NAME STREE	Min. will be \$7 partment of \$ TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n. ICERS AND	Adde DIRECTOF	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable PIRECTORS Detete	, 2000 I e to De 12. TITLE NAME STREE CITY- TITLE NAME	Min. will be \$7 partment of \$ TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n. ICERS AND	Adde DIRECTOR Change	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable PIRECTORS Detete	, 2000 I e to De 12. TITLE NAME STREE CITY- TITLE NAME STREE	Min. will be \$7 partment of \$ TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n. ICERS AND	Adde DIRECTOR Change	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable PIRECTORS Detete	, 2000 I e to De 12. TITLE NAME STREE CITY- TITLE NAME STREE	Min. will be \$7 partment of \$ TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change	d to Fees
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete	, 2000 I e to De 12. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	Min. will be \$7 partment of \$ T ADDRESS ST-ZIP T ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change . Change	d to Fees S IN 11 Addition Addition
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete	, 2000 I e to De 12. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	MIn. will be \$7 partment of \$ T ADDRESS ST-ZIP T ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change . Change	d to Fees S IN 11 Addition Addition
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I e to De to De to De 12. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Min. will be \$7 partment of \$ T ADDRESS ST-ZIP T ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Tax filing in (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete	, 2000 I e to De to De to De TITLE NAME STREE CITY-TITLE	MIn. will be \$7 partment of \$ IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change . Change	d to Fees S IN 11 Addition Addition
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I e to De to De 12. TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME	MIn. will be \$7 partment of \$ IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Tax filing in (See Criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I e to De to De to De 12. TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE STREE	MIn. will be \$7 partment of \$ IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Tax filing in (See Criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I e to De to De to De 12. TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE CITY-TITLE NAME STREE STREE	MIn. will be \$7 partment of \$ IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	n.	Adde DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Tax filing in (See Criter (See Criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I Pe to De to De to De 12. TITLE NAME STREE CITY-	MIN. will be \$7 partment of \$ TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (ES TO OFFI	ICERS AND	Adde DIRECTOR Change Change Change Change	S IN 11 Addition Addition Addition
Tax filing in (See Criter (See Criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I Pe to De to De to De 12. TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE STREE STREE STREE STREE STREE	MIN. will be \$7 partment of \$ TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (Contribution	ICERS AND	Adde DIRECTOR Change Change Change	S IN 11 Addition Addition Addition
Tax filing in (See Crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete Delete Delete	, 2000 I e to De 12. TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY-	MIN. will be \$7 partment of \$ TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (ES TO OFFI	ICERS AND	Adde DIRECTOR Change Change Change Change	d to Fees IS IN 11 Addition Addition Addition Addition Addition
Tax filing in (See Criter (See Criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete	, 2000 I Pe to De to De to De 12. TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE STREE STREE STREE STREE STREE	MIN. will be \$7 partment of \$ TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (ES TO OFFI	ICERS AND	Adde DIRECTOR Change Change Change Change	S IN 11 Addition Addition Addition
Tax filing in (See Crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE NAME TITLE	OFFICERS AND D OFFICERS AND D SMITH, LINDA L 2841 LAKESHORE MT DORA FL 32757	After SEPTEMBER 13 Make Check Payable Delete Delete Delete Delete Delete	, 2000 I e to De to De 12. TITLE NAME STREE CITY-	MIN. will be \$7 partment of \$ TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	750.00 _{Tr} State	ust Fund (ES TO OFFI	ICERS AND	Adde DIRECTOR Change Change Change Change	d to Fees IS IN 11 Addition Addition Addition Addition 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/00

352-357-3641

Daylime Phone #