

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90365 045 ***150.00

DOCUMENT # P98000068698

1. Entity Name

TROPIC PRODUCTS INTERNATIONAL, INC.

Principal Place of Business

**6200 METRO PLEX DR
 FORT MYERS FL 33912
 US**

Mailing Address

**6200 METRO PLEX DR
 FORT MYERS FL 33912
 US**

2. Principal Place of Business

3. Mailing Address

511 Leonard Blvd., N.

511 Leonard Blvd., N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lehigh Acres, FL

Lehigh Acres, FL

Zip

Zip

Country

Country

33971

US

33971

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNELL, MARY V

1833 HENDRY STREET

FORT MYERS FL 33901

Name

Robert E. Bone, Jr.

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

2804 S. Del Prado Blvd.

Suite # 209

City

Cape Coral

FL

Zip Code

33904

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

Robert E. Bone, Jr.

4-30-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FLESHER, JAMES J**
 STREET ADDRESS **3425 S.E. 10TH AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **President** ☒ Change ☐ Addition
 NAME **James J. Fleisher**
 STREET ADDRESS **2415 SW 43rd Street**
 CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **VCD** ☒ Delete
 NAME **SNELL, REGINALD H**
 STREET ADDRESS **3321 MCGREGOR BOULEVARD**
 CITY-ST-ZIP **FORT-MYERS-FL-33901**

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

TITLE **ST** ☐ Delete
 NAME **FLESHER, T A**
 STREET ADDRESS **3425 S.E. 10TH AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
 NAME **T. Amber Fleisher**
 STREET ADDRESS **2415 SW 43rd Street**
 CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

T. Amber Fleisher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

941-369-9696

CR2E034 (9/01)