

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

511 Leonard Blvd., N.

3. Mailing Address

Suite, Apt. #, etc.

511 Leonard Blvd., N.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip

33971

Zip

33971

Country

US

Country

US

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

05-27-2002 90365 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0854952

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

SNELL, MARY V  
1833 HENDRY STREET  
FORT MYERS FL 33901

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

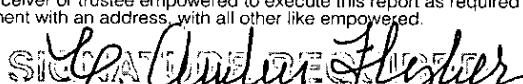
## 11. OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLESHER, JAMES J 3425 S.E. 10TH AVENUE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James J. Flesher 3415 SW 43rd Street Cape Coral, FL 33914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SNELL, REGINALD H 3321 MCGREGOR BOULEVARD FORT MYERS FL 33901	<input checked="" 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	ST FLESHER, T A 3425 S.E. 10TH AVENUE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer T. Amber Flesher 3415 SW 43rd Street Cape Coral, FL 33914	<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
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

944-369-  
91696

Daytime Phone #

CR2E034 (9/01)