2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
02-03-2001 90061 005 ***150.00

DOCUMENT # P98000101353

1. Entity Name
Tropical Foodsevice, INC

Principal Place of Business
111 5th AVE
IndiALANTIC, FL, 32903

Mailing Address
P.O. BOX 510547
Melbourne BEACH FL
FL, 32951

29967

2. Principal Place of Business
Same
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
1110 S. MAGNOLIA DR
Suite, Apt. #, etc.
City & State: IndiAlantic FL, 32903
Zip: 32903 | Country: Brevard

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593545166 — Applied For ☐ / Not Applicable ☒

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Schrader, William C. SR.
111 5th AVE
IndiALantic FL, 32903

7. Name and Address of New Registered Agent
Name: Karen L. MALTESE
Street Address (P.O. Box Number is Not Acceptable): 1110 S. Magnolia Dr
City: IndiALantic — FL — Zip Code: 32903

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 X [signature] President — DATE 3-6-01
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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	(D)Rector	☒ Delete	TITLE	(P)	☐ Change ☒ Addition
NAME	Schrader William C. SR		NAME	Karen L. MALTESE	
STREET ADDRESS	125 Rue De Nancy		STREET ADDRESS	1110 S. Magnolia dr	
CITY-ST-ZIP	Melbourne Beach FL 32951		CITY-ST-ZIP	IndiAlantic FL 32903	
TITLE	(iD) [illegible]	☒ Delete	TITLE	(V)	☐ Change ☒ Addition
NAME	Schrader, Carol L		NAME	Thomas A. MALTESE	
STREET ADDRESS	125 Rue De Nancy		STREET ADDRESS	1110 S. Magnolia DR	
CITY-ST-ZIP	Melbourne Beach FL 32951		CITY-ST-ZIP	IndiAlantic FL 32903	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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] Karen Maltese — 1-04-01 — 321-951-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #