

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90192 047 ***550.00

DOCUMENT # P99000032886
1. Entity Name
TROPICAL VILLAGE, INC.

DO NOT WRITE IN THIS SPACE

B0128202

2. Principal Place of Business 8517 SOUTH PARK CIRCLE Suite, Apt. #, etc. SUITE 210 City & State ORLANDO, FL		3. Mailing Address 8517 SOUTH PARK CIRCLE Suite, Apt. #, etc. SUITE 210 City & State ORLANDO, FL	
Zip 32819	Country U.S.A.	Zip 32819	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BROOKS, JOANNA F.
Street Address (P.O. Box Number is Not Acceptable) 8517 SOUTH PARK CIRCLE
SUITE 210
City ORLANDO
State FL
Zip Code 32819

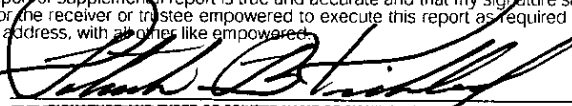
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR KIRKLAND, PATRICK B. 4360 CHAMBLEE DUNWOODY ROAD, #407 ATLANTA, GA 30341	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR KIRKLAND, LAUREL W. 4360 CHAMBLEE DUNWOODY ROAD, #407 ATLANTA, GA 30341	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT** **July 2, 2002** (770) 986-9090

Date Daytime Phone #

CR2E034B (12/01)