

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040683

1. Entity Name

TROPICAL GRAPHICS, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90144 048 ***150.00

Principal Place of Business

Mailing Address

10 WASHINGTON AVE
SCARBOROUGH ME 04074

10 WASHINGTON AVE
SCARBOROUGH ME 04074-8311

2. Principal Place of Business

10000 NW 53RD ST

3. Mailing Address

10000 NW 53RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

58-246-4299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTACCESS CENTERS OF AMERICA, INC.
707 E KENENDY BLVD
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

PAUL HIRST

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

10000 NW 53RD ST

City

SUNRISE

FL

Zip Code

33351

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

PAUL HIRST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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, 2000 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

TITLE PD
NAME HIRST, PAUL
STREET ADDRESS 10 WASHINGTON AVE
CITY-ST-ZIP SCARBOROUGH ME 04074

☐ Delete

TITLE SD
NAME WELLS, SIMON
STREET ADDRESS 10 WASHINGTON AVE
CITY-ST-ZIP SCARBOROUGH ME 04074

☐ Delete

TITLE BJ FABRIC
NAME 112 N. Birch Road #501
STREET ADDRESS Ft. Lauderdale, FL 33304
CITY-ST-ZIP

☐ Delete

TITLE JOHN SFONDRI
NAME 36 CATONAH Street
STREET ADDRESS Ridgefield, Conn 06877
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME PAUL HIRST
STREET ADDRESS 10000 NW 53RD ST
CITY-ST-ZIP SUNRISE FL 33351

☒ Change ☐ Addition

TITLE SECRETARY
NAME SIMON WELLS
STREET ADDRESS 10000 NW 53RD ST
CITY-ST-ZIP SUNRISE FL 33351

☒ Change ☐ Addition

TITLE BJ FABRIC Director
NAME 112 N. Birch Rd. #501
STREET ADDRESS Ft. Lauderdale, FL 33304
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE JOHN SFONDRI Director
NAME 36 CATONAH Street
STREET ADDRESS Ridgefield, Conn. 06877
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

PAUL HIRST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00 954 741 2427