2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000040683 **DOCUMENT #**

1. Entity Name



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90140 022 ***150.00

| Signature, lyaded or interfacture of registered Agent algoritical Agent signature required when reinstating) DATE | TROPICA | AL GRAPHICS, INC. | | | | | | | | | | |
|--|-------------------------------|---|---------------------|---|--------------|---------------|---|---------------------------------------|-------------------|---------------|---------------------------|--------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. | 4717 NE 12T OAKLAND PA | 'H AVE | 4717 OAK | 4717 NE 12TH AVE OAKLAND PARK FL 33334 | | | | | | | | |
| City & State Ci | 2. Principal | Place of Business | 3. Ma | alling Address | | | | | | | | |
| City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired S. Cart State of Status Desired S. Name and Address of New Registered Agent HIRST, PAUL 4717 Ne 127th AVE OAKLAND PARK FL 33334 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Now, In the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the objection of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent, or both, in the State of Florida. I am familiar with, and accept the object of registered agent. SIGNATURE PROPE TO TAM | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | · | ☐ CHECK HE | RE*IF:MAKIN | IG CHANGE! | 3 |
| EVEN COUNTY Zip Country Sip Country Sip Country Significant Status Desired Significant Status Desired Significant | City & Sta | ate | Cit | City & State | | | | 4.55 | | | | |
| 6. Name and Address of Current Registered Agent Name 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Nam | Zip | Country | Zip | Zip Cou | | | | 5. Certificate | | | \$8.75 Ac | dditional |
| HIRST, PAUL 4717 NE 12TH AVE OAKLAND PARK FL 33334 City FL Zip Code City FL Zip Co | | 6. Name and Address of Curr | ent Register | ed Agent | 1 | | | | | | _ | ed |
| A717 NE 12TH AVE OAKLAND PARK FL 33334 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligation of registered agent, or both, in the State of Florida. I am familiar with, and accept interesting the colligation of the colli | | | | | | Name | | | Addices of Ne | m riegisteret | Agent | |
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| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE | | | | | į. · · ·, | | (1) | - Dox Hambo | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | VAKLANI | J PARK FL 33334 | | | • | | · · | | | | | |
| SIGNATURE Signature Symbol Symbo | | | | | | City | | | | F | Zip Coc | le |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550,00 | 8. The above the obligation | e named entity submits this statemenations of registered agent. | t for the purp | oose of changing its | register | ed office o | or registered | agent, or both | n, in the State o | Florida. I am | familiar with, | and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | SIGNATURE | | | | | | | , | | | | |
| After May 1, 2003 Fee will be \$550,00 May Bo Make Check Payable to Floridad Department of State 10. | | | ent and title if ap | plicable. (NOT | E: Registere | d Agent signa | ature required wh | en reinstating) | | DATE | | |
| TO. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME MAME MIRST, PAUL 10000 NW 53RD ST SUNRISE FL 33351 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SFONDRINI, JOHN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CEAN TOWN TOWNSTOWN CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDITIONS CITY-ST-ZIP CHANGE CHANGE ADDITIONS CITY-ST-ZIP CHANGE CHANGE ADDITIONS CITY-ST-ZIP CHANGE CHANGE CITY-ST-ZIP CHANGE C | Afte | er May 1, 2003 Fee will be \$550.0 | 00 State | | . | +- + - | | 9. Elec | ction Campaign | Financing | \$5.0 □ Adde | 0 May-Be |
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indicated on this report or supplemental report is vue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address with all orner like expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR