

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90113 001 \*\*\*150.00

**DOCUMENT # P99000041827**  
 1. Entity Name  
**TROPICAL GIFTS OF S.W. FLORIDA, INC.**

Principal Place of Business <del>920 S.E. 16TH ST.</del> <del>CAPE CORAL FL 33999</del> <b>1200 5th Ave S</b> <b>Naples, FL 34102</b>	Mailing Address <del>920 S.E. 16TH ST.</del> <del>CAPE CORAL FL 33999</del> <b>17320 Caloosa Trace Cir</b> <b>Ft. Myers, FL 33912</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1200 5th Ave S</b>	3. Mailing Address <b>17320 Caloosa Trace Cir</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <del>Naples, FL</del> <b>Collier, FL 34102</b>	City & State <del>Ft. Myers, FL</del> <b>Lee, FL 33912</b>
Zip <b>34102</b>	Zip <b>33912</b>
Country <b>FL</b>	Country <b>FL</b>

4. FEI Number <b>65-0918-398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUMAIS, PETRA**  
**920 S.E. 16TH ST.**  
**CAPE CORAL FL 33999**

7. Name and Address of New Registered Agent  
 Name **Thomas Kirk**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17320 Caloosa Trace Cir**  
 City **Ft. Myers** **FL** Zip Code **33912**

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 **President** **01-27-00**  
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, 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 <b>D</b>	<input type="checkbox"/> Delete	
NAME <b>KIRK, THOMAS</b>		
STREET ADDRESS <b>FALLTORSTRAFFE 60</b>		
CITY-ST-ZIP <b>74172 NECKARSULM, GERMANY</b>		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>Kirk Thomas</b>		
STREET ADDRESS <b>17320 Caloosa Trace Cir</b>		
CITY-ST-ZIP <b>Ft. Myers, FL 33912</b>		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **01-27-00** **941-415-4201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #