

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044682

1. Entity Name
TROPICAL PUNCH, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90071 020 ***150.00

Principal Place of Business 1637 BAYSHORE DRIVE ENGLEWOOD FL 34223	Mailing Address 1637 BAYSHORE DRIVE ENGLEWOOD FL 34223-1505
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0920082	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent WELLBAUM, R.W. JR. 1160 S. MCCALL RD., STE. B ENGLEWOOD FL 34223		7. Name and Address of New Registered Agent	
		Name SAME	
		Street Address (P.O. Box Number is Not Acceptable) 686 N. INDIANA AVE	
		City SAME	
		State FL	
		Zip Code	

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 checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PRES. TREAS. SECTY DOUGLAS C. ALEXANDER 1637 BAYSHORE DRIVE ENGLEWOOD, FL 34223	
		V. PRES. TREAS. MAURIA E. ALEXANDER 1637 BAYSHORE DRIVE ENGLEWOOD, FL 34223	

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 or without other like empowered.

SIGNATURE: Douglas C. Alexander **Douglas C. Alexander** 2/20/00 911/474-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)