

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90141 029 ***150.00

0405987

DOCUMENT # P99000044682

1. Entity Name
TROPICAL PUNCH, INC.

Principal Place of Business
**1637 BAYSHORE DRIVE
 ENGLEWOOD FL 34223**

Mailing Address
**1637 BAYSHORE DRIVE
 ENGLEWOOD FL 34223**

80044526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1637 Bayshore Dr

3. Mailing Address
1637 Bayshore Dr

Suite, Apt. #, etc.
Englewood

City & State
Englewood FL

City & State
FL

4. FEI Number **65-0920082**

Applied For
 Not Applicable

Zip **34223** Country **Sarasota USA** Zip **34223** Country **Sarasota USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WELLBAUM, R.W. JR.
 686 N INDIANA AVE
 ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 *Marcia Alexander* DATE **1-7-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALEXANDER, DOUGLAS C 1637 BAYSHORE DRIVE ENGLEWOOD FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALEXANDER, MARCIA E 1637 BAYSHORE DRIVE ENGLEWOOD FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcia Alexander* **4-7-01** **941-474-4825**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)