

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90233 003 ***150.00

DOCUMENT # P99000047189 - (last year)

1. Entity Name

TROPICAL INTERNET SERVICES, INC

Principal Place of Business

Mailing Address

2507 Sugarloaf Lane

(same)

Fort Lauderdale, FL 33312

552748

2. Principal Place of Business

2040 SHERMAN STREET

3. Mailing Address

2040 SHERMAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

65-0930921

Applied For

Not Applicable

Zip

Country

33020 USA

Zip

Country

33020 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, ROBERT J
 2507 SUGARLOAF LANE
 FORT LAUDERDALE, FL 33312

Name MITCHELL, ROBERT J.

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

2040 SHERMAN ST

City

HOLLYWOOD

FL

Zip Code

33020

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

4/25/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE MONTH

FEE IS \$150.00

After MAY 1, 2001

Fees will be \$250.00

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	P/V/C	☐ Delete
NAME	MITCHELL, ROBERT J	
STREET ADDRESS	2507 SUGARLOAF LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	S/T	☐ Delete
NAME	MITCHELL, LYNN	
STREET ADDRESS	2507 SUGARLOAF LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V/C	☒ Change ☐ Addition
NAME	MITCHELL, ROBERT J	
STREET ADDRESS	2040 SHERMAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	S/T	☒ Change ☐ Addition
NAME	MITCHELL, LYNN	
STREET ADDRESS	2040 SHERMAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

[Signature]

Signature and typed or printed name of signing officer or director

4/25/01

Date

954-929-8072

Daytime Phone #

CR2E034 (1/00)