

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000059031

FILED
Feb 28, 2002 8:00 AM
Secretary of State

Entity Name: TROPICALS 2000, INC

Current Principal Place of Business:

6329 PARK LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

6329 PARK LANE EAST
LAKE WORTH, FL 33467

Current Mailing Address:

6329 PARK LANE
LAKE WORTH, FL 33467

New Mailing Address:

6329 PARK LANE EAST
LAKE WORTH, FL 33467

FEI Number: 65-0957884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEAVENY, JOHN
6329 PARK LN. E.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEAVENY, BEA
Address: 6329 PARK LN E.
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: KEAVENY, JOHN
Address: 6329 PARK LN E.
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: VOS, DAVID
Address: 6329 PARK LN E.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEA KEAVENY

P

02/28/2002

Electronic Signature of Signing Officer or Director

_____ Date