

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90477 040 ***150.00

DOCUMENT # P99000090042

1. Entity Name
TROPICAL SOFTWARE SOLUTIONS, INC.



Principal Place of Business
8718 OSAGE DRIVE
TAMPA FL 33634

Mailing Address
P.O BOX 260458
TAMPA FL 33685



2. Principal Place of Business

12809 Big Sur Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33625

Country

USA

Zip

Country

4. FEI Number **59-3602825**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **PALMER, LORI A**
STREET ADDRESS **8718 OSAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VD** ☐ Delete
NAME **PALMER, MICHAEL W**
STREET ADDRESS **8718 OSAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VD** ☐ Delete
NAME **JACKMAN, THOMAS A**
STREET ADDRESS **8718 OSAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VD** ☐ Delete
NAME **STIMUS, JOHN T**
STREET ADDRESS **8718 OSAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L. Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

813-250-3772

Daytime Phone #

CR2E034 (10/02)