

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90196 006 ***150.00

0319430 AV

DOCUMENT # **P99000095482**

1. Entity Name
TROPICAL ISLAND ENTERPRISES, INC.



Principal Place of Business
**11714 SW 135 PLACE
MIAMI FL 33186**

Mailing Address
**11714 SW 135 PLACE
MIAMI FL 33186**

2. Principal Place of Business

28 S. EXUMA Rd.

3. Mailing Address

PO BOX 2446

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

City & State

KEY LARGO FL

4. FEI Number

65-0957910

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EASTWOOD MANAGEMENT INC
11714 SW 135 PLACE
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **EASTWOOD MGT INC**

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

28 S. EXUMA ROAD

City

KEY LARGO

FL

Zip Code

33037

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 **Deborah S. Yates, President (DEBORAH S. YATES)**

DATE **1-20-03**

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D VAUDIN, PAUL E**
STREET ADDRESS **2665 S BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D YATES, GEORGE A**
STREET ADDRESS **2665 S BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PS YATES, DEBORAH S**
STREET ADDRESS **2665 S BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE Change Addition
NAME **PS D YATES, DEBORAH S.**
STREET ADDRESS **2665 S. BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33033**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 **Deborah S. Yates, Pres. (DEBORAH S. YATES)** 1/20/03 305)451-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)