

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90032 029 \*\*\*158.75

**DOCUMENT # P99000100374**

1. Entity Name

**TROPICS SOFTWARE TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

~~1819 MAIN STREET SUITE 600~~  
**SARASOTA FL 34236**

**PO BOX 2740**  
**SARASOTA FL 34230-2740**

2. Principal Place of Business

**330 S. PINEAPPLE AV**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 205**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

4. FEI Number

**65-0961319**

Applied For

Not Applicable

Zip  
**34236**

Country  
**US**

Zip

Country

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

**MOBAREKEH, MASSOUD M**  
~~1819 MAIN STREET SUITE 600~~  
**SARASOTA FL 34236**

Name

**SAWS**

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

**330 S. PINEAPPLE STS 205**

City

**SAWS**

FL

Zip Code  
**SAWS**

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]*  
 Signature, typed or printed name of Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**REGS/DIRECTOR 2/11/00**

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, H. LINCOLN JR</b>	
STREET ADDRESS	<b>773 SAINT JUDES DRIVE NORTH</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, KURT J</b>	
STREET ADDRESS	<b>1707 TOWNHOUSE DRIVE</b>	
CITY-ST-ZIP	<b>CORAM NY 11727</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOBAREKEH, MASSOUD M</b>	
STREET ADDRESS	<b>4687 SAN SIRO DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSS, CONRAD</b>	
STREET ADDRESS	<b>4526 BEACON DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SEIBERT, DONNA J</b>	
STREET ADDRESS	<b>1819 MAIN STREET SUITE 600</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MASSINGALE, STEPHEN B</b>	
STREET ADDRESS	<b>1819 MAIN STREET SUITE 600</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	

TITLE	<b>TREAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROB WEST</b>	
STREET ADDRESS	<b>5071 BAY SHORE RD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**2/11/00 941-555-1234**  
 Date Daytime Phone #

CR2E034 (9/99)