

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000100374

1. Entity Name
TROPICS SOFTWARE TECHNOLOGIES, INC.

Principal Place of Business 330 S PINEAPPLE AVE STE 205 SARASOTA 34236	FL	Mailing Address PO BOX 2740 SARASOTA 34230	FL
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
65-0961319

Applied For	
Not Applicable	

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 330 S PINEAPPLE STE 205 SARASOTA FL 34236 US		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.

SIGNATURE _____ DATE **02/15/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	V	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSINGALE STEPHEN B			NAME	MASSINGALE STEPHEN B		
STREET ADDRESS	1819 MAIN STREET SUITE 600			STREET ADDRESS	6708 22ND AVE WEST		
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST-ZIP	BRADENTON FL 34209		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIBERT DONNA J			NAME	SEIBERT DONNA J		
STREET ADDRESS	1819 MAIN STREET SUITE 600			STREET ADDRESS	2614 WEBBER PL		
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST-ZIP	SARASOTA FL 34232		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST ROB			NAME			
STREET ADDRESS	5071 BAY SHORE RD			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOBAREKEH MASSOUD M			NAME			
STREET ADDRESS	4687 SAN SIRO DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34235			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER KURT J			NAME	MILLER KURT J		
STREET ADDRESS	1707 TOWNHOUSE DRIVE			STREET ADDRESS	15 MAPLE GROVE ST		
CITY-ST-ZIP	CORAM NY 11727			CITY-ST-ZIP	GREAT NECK NY 11023		
TITLE	CD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER H. LINCOLN JR			NAME	MILLER H. LINCOLN JR		
STREET ADDRESS	773 SAINT JUDES DRIVE NORTH			STREET ADDRESS	4424 CALLE SERNA		
CITY-ST-ZIP	LONGBOAT KEY FL 34228			CITY-ST-ZIP	SARASOTA FL 34238		

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: Rob West T 02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)