

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000100374

FILED
Apr 15, 2003
Secretary of State

Entity Name: TROPICS SOFTWARE TECHNOLOGIES, INC.

Current Principal Place of Business:

330 S PINEAPPLE AVE
STE 205
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2740
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0961319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOBAREKEH, MASSOUD M
330 S PINEAPPLE
STE 205
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MILLER, H. LINCOLN JR
Address: 4424 CALLE SERNA
City-St-Zip: SARASOTA, FL 34238

Title: SD () Delete
Name: MILLER, KURT J
Address: 15 MAPLE GROVE ST
City-St-Zip: GREAT NECK, NY 11023

Title: PD () Delete
Name: MOBAREKEH, MASSOUD M
Address: 4687 SAN SIRO DRIVE
City-St-Zip: SARASOTA, FL 34235

Title: T () Delete
Name: WEST, ROB
Address: 3204 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: SEIBERT, DONNA J
Address: 2614 WEBBER PL
City-St-Zip: SARASOTA, FL 34232

Title: VD () Delete
Name: MASSINGALE, STEPHEN B
Address: 6708 22ND AVE WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MILLER, KURT J
Address: 23 SALEM LANE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: PD (X) Change () Addition
Name: MOBAREKEH, MASSOUD M
Address: 320 RINGLING POINTE DR
City-St-Zip: SARASOTA, FL 34234

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: ROB WEST

_____ Electronic Signature of Signing Officer or Director

T

04/15/2003

_____ Date