## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000100374

Entity Name: TROPICS SOFTWARE TECHNOLOGIES, INC.

FILED Apr 15, 2003 Secretary of State

Current Pri	incipal Place o	of Business:	New Princ	cipal Place of Business:		
330 S PINE STE 205	APPLE AVE A, FL 34236	US		•		
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 27 SARASOTA	40 A, FL 34230					
FEI Number:	65-0961319	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired (X)		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:		
330 S PINE STE 205 SARASOTA	A, FL 34236 U	S	pose of changing it	its registered office or registered agent, or both,		
SIGNATUR						
SIGNATOR		Signature of Registered Agent	:	 Date		
	AND DIRECT	Trust Fund Contribution().  ORS:  Delete	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	RS:	
Name: Address: City-St-Zip:	MILLER, H. LINC 4424 CALLE SEF SARASOTA, FL	OLN JR RNA	Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD ()E MILLER, KURT J 15 MAPLE GROV GREAT NECK, N	/E ST	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition MILLER, KURT J 23 SALEM LANE PORT WASHINGTON, NY 11050		
Title: Name: Address: City-St-Zip:	PD () E MOBAREKEH, M 4687 SAN SIRO SARASOTA, FL	DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition MOBAREKEH, MASSOUD M 320 RINGLING POINTE DR SARASOTA, FL 34234		
Title: Name: Address: City-St-Zip:	T ()E WEST, ROB 3204 JESSIE HA OSPREY, FL 34		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V () E SEIBERT, DONN 2614 WEBBER F SARASOTA, FL	PL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD () E MASSINGALE, S' 6708 22ND AVE' BRADENTON, FL	WEST	Title: Name: Address: City-St-Zip:	() Change () Addition		

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 T 04/15/2003