

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90172 031 ***150.00

DOCUMENT # P99000104101
1. Entity Name

TROPICAL SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1161 NW 95th AVE
Suite, Apt. #, etc.

3. Mailing Address
1161 NW 95th AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL
Zip
33322
Country
USA

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PLANTATION, FL
Zip
33322
Country
USA

4. FEL Number
65-0974724

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JANET LEON

Street Address (P.O. Box Number is Not Acceptable)
1161 NW 95th AVE

City PLANTATION FL Zip Code 33322

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 Janet Leon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD - PRESIDENT</u> <u>JANET LEON</u> <u>1161 NW 95th AVE</u> <u>PLANTATION, FL 33322</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-03 954-475-9471

Date

Daytime Phone #

CR2E034B (12/02)