2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26102

1. Entity Name
DEZIE TROPICALS, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90070 049 ***150.00

0475656

Principal Place of Business	Mailing Address
33225 E. LAKE JOANNA DR. EUSTIS FL 32726-7209	33225 E. LAKE JOANNA DR. EUSTIS FL 32726-7209

00001452

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32736 / Country	Zip 32736 / Country

4. FEI Number 59-3052816 — 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
KIRBY, PHILLIP 33225 E LK JOANNA DR EUSTIS FL 32726	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32736

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
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 P NAME KIRBY, PHILLIP STREET ADDRESS 33225 E LAKE JOANNA DR CITY-ST-ZIP EUSTIS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 32736	☐ Change ☑ Addition
TITLE T NAME KIRBY, DEBORAH STREET ADDRESS 33225 E LK JOANNA DR CITY-ST-ZIP EUSTIS FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 32736	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Deborah Kirby Deborah Kirby 1-3-01 352-735-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)