

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90131 017 \*\*\*150.00

**DOCUMENT # S81784**

1. Entity Name  
**TROPIC ALUMINUM, INC.**

Principal Place of Business Mailing Address  
**584 TEJON AVE SW 584 TEJON AVE SW**  
**PALM BAY FL 32908 PALM BAY FL 32908**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3082573** 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

**JACOBY, DAVID H.**  
**1581 ROBERT J. CONLAN BLVD., NE**  
**SUITE 100**  
**PALM BAY FL 32905**

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 \_\_\_\_\_  
 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, 2002 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 ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **MUELLER, JAMES D.**  
 CITY-ST-ZIP **584 TEJON AVE SW**  
**PALM BAY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VS**  
 STREET ADDRESS **peskar, Glenn W.**  
 CITY-ST-ZIP **551 BRICKELL ST S.E**  
**PALM BAY, FL.**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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: **JAMES D. MUELLER** **2-17-02 321-952**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **5341**

2-15-02 Attachment #  
Document # 581784  
32084

TO WHOM IT MAY CONCERN

Your Paperwork is incorrect.  
I Glenn W Peskar AM AND  
HAVE BEEN SINCE THE  
INSERTION OF TROPIC ALUM.  
THE VICE-PRESIDENT & SECRETARY  
PLEASE CORRECT THIS MATTER  
TO AVOID FURTHER CONFUSION

THANK YOU

Glenn W. Peskar  
V.P. S