

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90178 025 ***150.00

DOCUMENT # V12763

1. Entity Name
CALYPSO TROPICAL, INC.

Principal Place of Business 6801 LAKE WORTH RD 108 LAKE WORTH FL 33467 US	Mailing Address 6801 LAKE WORTH RD 108 LAKE WORTH FL 33467 US
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2. Principal Place of Business 180 PARKLAND DR. SOUTH	3. Mailing Address 1128 ROYAL PALM BCH. BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #226

City & State ROYAL PALM BCH., FL	City & State ROYAL PALM BCH., FL
Zip 33411	Zip 33411
Country	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0310383	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MANCINO, ROBERT
6801 LAKE WORTH RD
108
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
 Name
MANCINO, ROBERT
 Street Address (P.O. Box Number is Not Acceptable)
180 PARKLAND DRIVE SOUTH
 City
LAKE WORTH **FL** Zip Code
33467

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: **4/3/02**
Signature (type 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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLK, C. RON 138 PARKWOOD DRIVE ROYAL PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLK, RONNIE L. 138 PARKWOOD DRIVE ROYAL PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANCINO, ROBERT 6801 LAKE WORTH RD, #123 LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRES. DIR.
MANCINO, ROBERT
180 PARKLAND DRIVE SOUTH
LAKE WORTH, FL 33411

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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/3/02** Daytime Phone #

CR2E034 (9/01)