

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90004 003 ***150.00

DOCUMENT # 643584
 1. Entity Name
ROBERT A. TROPP, P.A.

Principal Place of Business Mailing Address
~~2811 W KENNEDY BLVD~~ ~~2811 W KENNEDY BLVD~~
~~TAMPA FL 33609~~ ~~TAMPA FL 33609~~

2. Principal Place of Business 3. Mailing Address
400 North Ashley Plaza **400 North Ashley Plaza**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3000 **Suite 3000**
 City & State City & State
Tampa FL **Tampa FL**
 Zip Country Zip Country
33602 USA **33602 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1944221** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TROPP, ROBERT A
~~2811 W KENNEDY BLVD~~
~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
400 North Ashley Plaza
Suite 3000
 City State Zip Code
Tampa FL 33602

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	TROPP, ROBERT A	2811 W KENNEDY BLVD	TAMPA FL 33609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		400 North Ashley Plaza	Suite 3000 Tampa FL 33602	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/17/02** Daytime Phone #: **813-225-1611**

CR2E034 (9/01)