

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26206

1. Entity Name

TROPIC SANDS REALTY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90011 010 ***150.00

Principal Place of Business 131 S ST DAYTONA BCH FL 32114 US	Mailing Address 131 S ST DAYTONA BCH FL 32114-5333 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 131 SOUTH ST. Suite, Apt. #, etc.	3. Mailing Address 131 SOUTH ST. Suite, Apt. #, etc.
--	--

City & State DAYTONA BEACH, FLORIDA Zip 32114 Country	City & State DAYTONA BEACH, FLORIDA Zip 32114 Country
---	---

4. FEI Number 59-2973480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERESSINOTTO, ELIA E.
 3757 S ATLANTIC AVE
 #705
 DAYTONA BEACH SHORES FL 32127

7. Name and Address of New Registered Agent

Name
PERESSINOTTO ELIA E.
 Street Address (P.O. Box Number is Not Acceptable)
 131 SOUTH ST.
 DAYTONA BEACH, FLORIDA
 City DAYTONA FL Zip Code 32114

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 Elia E. Peressinotto DATE 1/10/00
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, 2000 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	D PERESSINOTTO, ELIA E 131 S ST DAYTONA BCH FL 32114 <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
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 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

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: ELIA E. PERESSINOTTO Elia E. Peressinotto DATE 1/10/00 DAYTIME PHONE # 9043237403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (9/99)