

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90075 050 ***150.00

DOCUMENT # L26206

1. Entity Name
TROPIC SANDS REALTY, INC.

Principal Place of Business 131 SOUTH ST DAYTONA BCH FL 32114 US	Mailing Address 131 SOUTH ST DAYTONA BCH FL 32114 US
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2. Principal Place of Business 129 WIMBLEDON CT. Suite, Apt. #, etc.	3. Mailing Address 129 WIMBLEDON CT. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PORT ORANGE, FLA.	City & State PORT ORANGE, FLA.	4. FEI Number 59-2973480	Applied For <input type="checkbox"/> Not Applicable
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Zip 32127	Country USA	Zip 32127	Country USA	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 PERESSINOTTO, ELIA E. 131 SOUTH ST DAYTONA BEACH FL 32114	7. Name and Address of New Registered Agent Name ELIA E. PERESSINOTTO JR Street Address (P.O. Box Number is Not Acceptable) 129 WIMBLEDON CT City PORT ORANGE, FLA FL Zip Code 32127
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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 Jr* **SECRETARY/TREASURER** DATE **1/15/02**
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) <input type="checkbox"/>	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete PERESSINOTTO, ELIA E 131 S ST DAYTONA BCH FL 32114	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHELLE HIETIKKO 1225 E. Church St. Deland FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Jr* **ELIA E. PERESSINOTTO JR** DATE **1/15/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013014

CR2E034 (9/01)

386-7611925