

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90029 034 ***150.00

DOCUMENT # **P01600063418**

1. Entity Name

TANKS N' TROPICALS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4075 PINERIDGE RD EXT. #3

3. Mailing Address

SAME

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

SAME

City & State

NAPLES, FL

City & State

SAME

Zip

34119

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

65-1121449

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALICIA T Schloss

Street Address (P.O. Box Number is Not Acceptable)

4221 19th Pl SW

City **Naples**

FL

Zip Code

34116

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRESIDENT ALICIA SCHLOSS 4221 19TH PLACES.W. NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MIKE SCHLOSS 4221 19TH PLACE S.W. NAPLES, FL 34116	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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Alicia Schloss** **ALICIA SCHLOSS** **4/20/2002** **(941)304-0109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)