

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2001 8:00 am
Secretary of State

05-24-2001 90001 019 ***150.00

DOCUMENT # P95000064543
1. Entity Name
Tropical Accents, Inc.

Principal Place of Business **Mailing Address**
4506 Mercantile Ave New
Naples FL 34104 Address

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip Country Zip Country

4. FEI Number 593422476 **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

659532

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Ashenbrenner, David L.
4506 Mercantile Ave.
Naples FL 34104 New
Address

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 change address only David L. Ashenbrenner 4/27/01
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for an 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: David L. Ashenbrenner 4/27/01 (941) 403-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)