

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

1082

**FILED**

02 JAN 18 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** V66108  
**1. Entity Name**  
 TROPICAL HARBORS, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 1201 HAYS STREET  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 1201 HAYS STREET  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  **Applied For**  
 **Not Applicable**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**City & State**  
 TALLAHASSEE, FL

**City & State**  
 TALLAHASSEE, FL

**Zip** 32301 **Country** U.S.A. **Zip** 32301 **Country** U.S.A.

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
 CORPORATION SERVICE COMPANY

**Street Address (P.O. Box Number is Not Acceptable)**  
 1201 HAYS STREET

**City** TALLAHASSEE, **FL** **Zip Code** 32301

**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** \_\_\_\_\_ **100004785161--2**  
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			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> PATRICIA PIZZUTO 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> JUDITH BLANCETT 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>LS</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**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:** *Patricia Pizzuto* Patricia Pizzuto **1/18/2002** **850-521-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)



202

ACCOUNT NO. : 072100000032  
 REFERENCE : 748944 83246A  
 AUTHORIZATION : *Patricia Pizito*  
 COST LIMIT : \$ 150.00

ORDER DATE : January 18, 2002  
 ORDER TIME : 1:15 PM  
 ORDER NO. : 748944-005  
 CUSTOMER NO: 83246A  
 CUSTOMER: Ms. Debbie D. Skipper  
 Csc-tallahassee  
 P. O. Box 5828  
 Tallahassee, FL 32314

RECEIVED  
 02 JAN 18 PM 3:09  
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: TROPICAL HARBORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: \_\_\_\_\_