

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413825

1. Entity Name

TROPICAL SERVICE BUILDERS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90016 013 ***150.00

Principal Place of Business

Mailing Address

1800 S. AUSTRALIAN AVE. #400
W. PALM BEACH FL 33409

1800 S. AUSTRALIAN AVE. #400
W. PALM BEACH FL 33409-6450

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 59-1426699

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANNOCK, G. STEVEN, ESQ.
1800 S. AUSTRALIAN AVE. #400
W. PALM BEACH FL 33409

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

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D HOVNANIAN, ARA
STREET ADDRESS 61 WHIPPOWILL VALLEY DR
CITY-ST-ZIP ATLANTIC HEIGHTS NJ

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

TITLE ☐ Delete
NAME STD MASON, TIMOTHY
STREET ADDRESS 22 DEVON DRIVE
CITY-ST-ZIP PISCATAWAY NJ

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

TITLE ☐ Delete
NAME D REINHART, PETER S.
STREET ADDRESS 2 BAYHILL ROAD
CITY-ST-ZIP LEONARDO NY

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

TITLE ☐ Delete
NAME D HOVNANIAN, KEVORK
STREET ADDRESS 29 WARD AVENUE
ST-ZIP RUMSON NJ

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

TITLE ☐ Delete
NAME P RAPAPORT, JON
STREET ADDRESS 1800 S AUSTRALIAN AVE #400
ST-ZIP WEST PALM BEACH FL 33409

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

TITLE ☐ Delete
NAME
STREET ADDRESS
ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Rapaport, President 2/2/00 (561)478-0060

Date

Daytime Phone #

CR2E034 (9/99)