

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567461

1. Entity Name

TROPICAL INN, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90073 026 ***150.00

Principal Place of Business	Mailing Address
5210 ESTERO BLVD. FORT MYERS BEACH FL 33931	5210 ESTERO BLVD. FORT MYERS BEACH FL 33931-4114

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1832099	Applied For	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECHOLS, LARRY A. 6100 ESTERO BOULEVARD FORT MYERS FL 33931	Name HANK HENDRY Street Address (P.O. Box Number is Not Acceptable) 2242 MAIN ST. City FT. MYERS FL Zip Code 33902

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 Hank Hendry DATE April 10, 2000
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, 2000 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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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST	TITLE	SECRETARY
NAME	BOGDANSKI, PAUL	NAME	BARBARA BOGDANSKI
STREET ADDRESS	5210 ESTERO BLVD	STREET ADDRESS	5210 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BEACH, FL 00000	CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	PD	TITLE	
NAME	BOGDANSKI, PAUL	NAME	
STREET ADDRESS	5210 ESTERO BLVD	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH, FL 00000	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Barbara Bogdanski DATE 4/8/00 DAYTIME PHONE # 941-463-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)