


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90395 024 \*\*\*150.00

0010860 AT

<b>DOCUMENT #</b> 567461	
<b>1. Entity Name</b> TROPICAL INN, INC.	

<b>Principal Place of Business</b> 5210 ESTERO BLVD. FORT MYERS BEACH FL 33931	<b>Mailing Address</b> 5210 ESTERO BLVD. FORT MYERS BEACH FL 33931
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CHECK HERE IF MAKING CHANGES

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suits, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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

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

HENDRY, HANK  
2242 MAIN ST  
FT MYERS FL 33902

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	BOGDANSKI, PAUL
STREET ADDRESS	1330 CLARET COURT
CITY-ST-ZIP	FT MYERS BEACH FL 33919
TITLE	<b>VPT</b> <input type="checkbox"/> Delete
NAME	BOGDANSKI, PAUL
STREET ADDRESS	1330 CLARET COURT
CITY-ST-ZIP	FT MYERS BEACH FL 33919
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	BOGDANSKI, BARBARA
STREET ADDRESS	1330 CLARET COURT
CITY-ST-ZIP	FORT MYERS BEACH FL 33919
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	AMANDA WITTER
STREET ADDRESS	8900 BRIGHTON LANE
CITY-ST-ZIP	CONTA SPRINGS, FL 34135
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMANDA WITTER
STREET ADDRESS	8900 BRIGHTON LANE
CITY-ST-ZIP	CONTA SPRINGS, FL 34135
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Amanda Witter* AMANDA WITTER *4/29/03* 239-999-5913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)