

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90004 003 ***150.00

DOCUMENT # 643584

1. Entity Name
ROBERT A. TROPP, P.A.

Principal Place of Business

~~2811 W KENNEDY BLVD~~
TAMPA FL 33609

Mailing Address

~~2811 W KENNEDY BLVD~~
TAMPA FL 33609

2. Principal Place of Business

400 North Ashley Plaza
 Suite, Apt. #, etc.
Suite 3000

City & State
Tampa FL

Zip Country
33602 USA

3. Mailing Address

400 North Ashley Plaza
 Suite, Apt. #, etc.
Suite 3000

City & State
Tampa FL

Zip Country
33602 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1944221**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TROPP, ROBERT A
~~2811 W KENNEDY BLVD~~
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
400 North Ashley Plaza
Suite 3000
 City **Tampa** **FL** Zip Code **33602**

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 _____ (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, 2002 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 ☐ Delete
 NAME **PD TROPP, ROBERT A**
 STREET ADDRESS **2811 W KENNEDY BLVD**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **400 North Ashley Plaza**
 CITY-ST-ZIP **Suite 3000 Tampa FL 33602**

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

TITLE ☐ Change ☐ Addition
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 **813-225-1611**
 Date Daytime Phone #

CR2E034 (9/01)