

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684310

1. Entity Name

TROPIC SUN REALTY, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91306 021 ***150.00

0437847

Principal Place of Business

4766 SW BIMINI CIR S
PALM CITY FL 34990

Mailing Address

4766 SW BIMINI CIR S
PALM CITY FL 34990

001040

2. Principal Place of Business

13180 N. CLEVELAND AVENUE

Suite Apt. #, etc.

326

3. Mailing Address

13180 N. CLEVELAND AVENUE

Suite Apt. #, etc.

326



DO NOT WRITE IN THIS SPACE

City & State

NORTH FORT MYERS, FL

City & State

NORTH FORT MYERS, FL

4. FEI Number

59-2050122

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GYARMATHY, GARY S
4766 SW BIMINI CIRCLE S.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

GARY S. GYARMATHY

Street Address (P.O. Box Number is Not Acceptable)

13180 N. CLEVELAND AVENUE, SUITE 326

City

NORTH FORT MYERS

FL

Zip Code

33903

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, 2001 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	DPST	<input type="checkbox"/> Delete
NAME	GYARMATHY, GARY S	
STREET ADDRESS	4766 SW BIMINI CIR S	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYARMATHY, GARY S	
STREET ADDRESS	13180 N. CLEVELAND AVENUE, SUITE 326	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

GARY S. GYARMATHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2001 944-997-8999

Date

Daytime Phone #

CR2E034 (10/00)