

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54275

1. Entity Name

TROPIC BUS SALES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90043 001 ***150.00

Principal Place of Business

Mailing Address

2900 RTE 9 MALTA
BAELSTON SPA NY 12020
US

2900 RTE 9 MALTA
BALLSTON SPA NY 12020
US

2. Principal Place of Business

2900 Route 9 Malta
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ballston Spa NY

City & State

Zip

Country

Zip

Country

12020

4. FEI Number

59-2538667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS MARK E
12749 WINDERMERE ISLE
WINDERMERE FL 34786

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

2/14/00
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

TITLE	PST	<input type="checkbox"/> Delete
NAME	MATTHEWS, GLEEN J	
STREET ADDRESS	1478 SEQUOIA CIR	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, ROBERT E.	
STREET ADDRESS	1655 91ST COURT	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATTHEWS, MARK E	
STREET ADDRESS	12749 WINDERMERE ISLE PL	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, BRUCE R	
STREET ADDRESS	6 S PT RD	
CITY-ST-ZIP	SARATOGA SPRINGS NY 12866	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTHEWS, BRADLEY J	
STREET ADDRESS	3805 EDGEWATER ST	
CITY-ST-ZIP	HIGH POINT NC 27265	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00
Date

Daytime Phone #

CR2E034 (9/99)