

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90076 036 ***150.00

DOCUMENT # H54275

1. Entity Name
TROPIC BUS SALES, INC.

Principal Place of Business

**2900 RTE 9 MALTA
 BAELESTON SPA NY 12020
 US**

Mailing Address

**2900 RTE 9 MALTA
 BALLSTON SPA NY 12020
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTHEWS, ROBERT E
 9440-204 MEADOWOOD DR
 FORT PIERCE FL 34951**

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 Robert E. Matthews
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PST**
 STREET ADDRESS **MATTHEWS, GLENN J**
 CITY-ST-ZIP **1470 SEQUOIA CIR**
TOMS RIVER NJ 08753

TITLE ☒ Change ☐ Addition
 NAME **26 Harvest Lane**
 STREET ADDRESS **Cansever, NY**
 CITY-ST-ZIP **12831**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MATTHEWS, ROBERT E.**
 CITY-ST-ZIP **9440-204 MEADOWOOD DR**
FORT PIERCE FL 34951

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MATTHEWS, BRUCE R**
 CITY-ST-ZIP **6 S PT RD**
SARATOGA SPRINGS NY 12866

TITLE ☒ Change ☐ Addition
 NAME **1256 Pine Siskin Drive**
 STREET ADDRESS **Punta Gorda, FL**
 CITY-ST-ZIP **33950**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **MATTHEWS, BRADLEY J**
 CITY-ST-ZIP **3805 EDGEWATER ST**
HIGH POINT NC 27265

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Date

Daytime Phone #

CR2E034 (9/01)