

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019734 AF

DOCUMENT # L00000004981

1. Entity Name  
TROPICAL ASSETS AND SECURITY INVESTMENTS, L.C.

Principal Place of Business

% GARY TASMAN  
6627 DANIEL COURT  
FT. MYERS FL 33908

Mailing Address

% GARY TASMAN  
6627 DANIEL COURT  
FT. MYERS FL 33908

2. Principal Place of Business

12800 University Drive

Suite, Apt. #, etc.

Suite 340

City & State

Ft. Myers, FL

Zip

33907

Country

3. Mailing Address

12800 University Drive

Suite, Apt. #, etc.

Suite 340

City & State

Ft. Myers, FL

Zip

33907

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BOLANOS, TRUXTON & YOUNGS, P.A.~~  
~~12800 UNIVERSITY DRIVE, SUITE 240~~  
~~FT. MYERS FL 33907~~

7. Name and Address of New Registered Agent

Name Bolanos Truxton, PA

Street Address (P.O. Box Number is Not Acceptable)  
12800 University Drive

Suite 340

City Fort Myers

FL

Zip Code  
33907

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME TASMAN, GARY  
STREET ADDRESS 6627 DANIEL COURT  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100004102801  
-05/01/01--01084--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/01

941

189-3303x214

CP2E083 (11/00)

FILED  
2001 APR 23 PM 2:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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