

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26206

1. Entity Name

TROPIC SANDS REALTY, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90011 010 ***150.00

Principal Place of Business

Mailing Address

131 S ST
DAYTONA BCH FL 32114
US

131 S ST
DAYTONA BCH FL 32114-5333
US

2. Principal Place of Business

131 SOUTH ST.

3. Mailing Address

131 SOUTH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FLORIDA

City & State

DAYTONA BEACH, FLORIDA

Zip

Country

32114

Zip

Country

32114

4. FEI Number

59-2973480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERESSINOTTO, ELIA E.
3757 S ATLANTIC AVE
#705
DAYTONA BEACH SHORES FL 32127

7. Name and Address of New Registered Agent

Name

PERESSINOTTO ELIA E.

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

131 SOUTH ST.

DAYTONA BEACH, FLORIDA

City

FL

Zip Code

32114

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

Elia E. Peressinotto

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00

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 ☐ Delete
NAME D
STREET ADDRESS PERESSINOTTO, ELIA E
CITY-ST-ZIP 131 S ST
DAYTONA BCH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

ELIA E. PERESSINOTTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

9043237403

Daytime Phone #

CR2E034 (9/99)