

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34132

1. Entity Name

TROPICOL AIR CONDITIONING, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90158 001 \*\*\*150.00

Principal Place of Business

2071 SOUTH-PINE STREET  
ENGLEWOOD FL 34224

Mailing Address

2071 SOUTH-PINE STREET  
ENGLEWOOD FL 34224-5301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0164911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPP, PAMELA LYNN  
2071 SOUTH PINE STREET  
ENGLEWOOD FL 34224

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><b>P</b></p> <p>SAPP, JOSEPH RICHARD</p> <p>2071 SOUTH-PINE STREET</p> <p>ENGLEWOOD FL 34224</p> <p><input type="checkbox"/> Delete</p>	<p><b>T</b></p> <p>BRIAN SAPP</p> <p>3532 CORONADO DR 411</p> <p>SARASOTA FL 34231</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p><b>SV</b></p> <p>SAPP, PAMELA</p> <p>2071 SOUTH-PINE STREET</p> <p>ENGLEWOOD FL 34224</p> <p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 furnished 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Richard Sapp*  
JOSEPH RICHARD SAPP

Date

Daytime Phone #

941-473-9424

CR2E034 (9/99)