

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007892

1. Entity Name

TROPICAL MARKETING ASSOCIATES, L.L.C.

FILED

00 JAN 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

912 FAULKNER STREET
NEW SMYRNA BEACH FL 32168

Mailing Address

912 FAULKNER STREET
NEW SMYRNA BEACH FL 32168-6203

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

#59-3609485

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS SHOEMAKER, ALBERT M III
CITY - ST - ZIP 912 FAULKNER STREET
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP 4000003104174--8
-01/20/00--0103 Change 003 Addition
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS SHOEMAKER, DIANE S
CITY - ST - ZIP 912 FAULKNER STREET
NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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

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:

Albert M. Shoemaker, III

904-428-9586
1-4-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)