

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90235 017 ***150.00

DOCUMENT # *P0000 0012806*

1. Entity Name

TROPICAL CHARLIE'S INC.

80127316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2721 SE MORNINGSID BLVD.

3. Mailing Address

2721 SE MORNINGSID BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE FL

4. FEI Number

65-0979826

Applied For

Not Applicable

Zip

34952

Country

ST. LUCIE

Zip

34952

Country

ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PERRY STEVEN L

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

MCCARTHY SUMMERS BOBBY WOOD SAWYER + PERRY

2081 E. OCEAN BLVD., SECOND FLOOR

City

STUART

FL

Zip Code

34996

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*D
GREENLEES, CHARLES J
8376 SW OAKHAMMOCK COURT.
STUART, FL 34997*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D
GREENLEES, DANN
8376 SW OAKHAMMOCK COURT
STUART, FL 34997*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dann Greenlees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)