

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024128

1. Entity Name
TROPIC ISLE TREASURES, INC.

Principal Place of Business
3559 DAVIE BLVD.
FORT LAUDERDALE FL 33312

Mailing Address
3559 DAVIE BLVD.
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.
4300 N UNIVERSITY DRIVE SUITE A-106
FORT LAUDERDALE FL 33351

4. FEI Number

65-0991463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BOND, SEAN
3559 DAVIE BLVD.
FORT LAUDERDALE FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
PRINE, FRANK
3559 DAVIE BLVD.
FORT LAUDERDALE FL 33312 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90046 036 ***150.00



DO NOT WRITE IN THIS SPACE

008104 AV

CR2E034 (5/01)

SIGNATURE REQUIRED SEAN BOND 9/8/01 954-423-4019

Attachment Doc # P00000084/28
C0076515

TROPIC ISLE TREASURES INC.

3559 Davie Blvd, Ft. Lauderdale, Fl 33312

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS--**

**P.O. BOX 6327
Tallahassee, Florida 32314**

Dear Sir/ Madam,

I recently received a notice requesting payment of a annual corporation filing fee of \$550.00, apparently this was a second notice, unfortunately the original notice was not received.

I placed a call to your offices on September 6, 2001 and was advised by a staff member to issue a check in the amount of \$150.00 because the original notice was not received in January 2001. Enclosed is a check for \$150.00.

Yours Sincerely,


**SEAN BOND
PRESIDENT.**