

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90008 022 ***150.00

DOCUMENT # **P00000029253**

1. Entity Name

Tropical Restaurant Concepts, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

953 Golden Bch Blvd

3. Mailing Address

953 Golden Bch Blvd

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

Indian Harbour Bch, FL

City & State

Indian Harbour Bch, FL

Zip

32937

Country

US

Zip

32937

Country

US

4. FEI Number

59-3637550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0070779

6. Name and Address of Current Registered Agent

Christopher Lynn Newport
3101 Commercial Way
Spring Hill, FL 34608

7. Name and Address of New Registered Agent

Name **Christopher Lynn Newport**
 Street Address (P.O. Box Number is Not Acceptable)
953 Golden Beach Blvd
 City **Indian Harbour Bch** **FL** Zip Code **32937**

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)

5-25-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Lynn Newport	
STREET ADDRESS	953 Golden Beach Blvd	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chana Ann Newport	
STREET ADDRESS	953 Golden Bch Blvd	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chana Ann Newport	
STREET ADDRESS	953 Golden Bch Blvd	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Lynn Newport	
STREET ADDRESS	953 Golden Bch Blvd	
CITY-ST-ZIP	Indian Harbour Bch, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Chana A Newport
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)