8/8/01-90012-037

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Aug 31, 2001 8:00 am Secretary of State **DOCUMENT #** P00000041278 1. Entity Name TROPICAL 26TH STREET, INC. 08-08-2001 90012 037 ***150.00 Principal Place of Business Mailing Address 105 26TH STREET 105 26TH STREET MARATHON FL 33050 MARATHON FL 30050 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 1070454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent GREEMAN, FRANKLIN D ESQ. Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY. MARATHON FL 33050 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Added to Fee-10. Election Campaign Financing After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State OFFICERS AND DIRECTORS ODITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition COLDIRON, GREG NAME STREET ADDRESS 4 KYLES WAY EAST MARATHON FL 33050 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME FREEMAN, MICHAEL RAY NAME 4 KYLES WAY EAST MARATHON FL 33050 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Celete TITLE Change 🗀 Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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.

8-8-01

BENJAMIN ROCHE
Certified Public Accountant

brcpa@aol.com

August 2nd, 2001

Division of Corporations Annual Report Filings P.O. Box 1500 Tallahassee, FL 32301-1500

RE: Tropical 26th Street, Inc. Marathon, FL-33050 FID # 65-1070454

Dear Sir/Madame:

Please find enclosed the annual report for the above referenced corporation along with a check for \$150.00. As you will note this is the second notice. This being the first year for the corporation, Messrs. Coldiron and Freeman were not aware they needed to file an annual report with the state. On Thursday, August 2nd, 2001 the taxpayers contacted our office immediately upon receiving a second notice from the State of Florida, which of course put them in a late filling situation.

5701 Overseas Highway #7 * P.O. Box 56 * Marathon, FL 33050 * (305) 743-4703 FAX (305) 743-5469

As you will also see the registered agent was not either one of the Directors/Officers and did not receive the first notice as it was sent to the company's registered agent's office and was not notified of such report that needed to be filed. We respectfully request that you rescind the penalty due to the circumstances that were out of the company's control. Please direct your response to Tropical 26th Street, Inc..

If you should need any assistance regarding this matter, please do not hesitate to call me.

Sincerely yours,

Berliamin Roche Ceftified Public Accountant

C: Tropical 26th Street, Inc.

Member of The American Institute of Certified Public Accountants and The Florida Institute of Certified Public Accountants