

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90507 032 ***150.00

DOCUMENT # P00000045819

1. Entity Name
TROPICAL VIEWS, INC.



Principal Place of Business
7217 GULF BLVD #4
SAINT PETERSBURG BEACH FL 33706

Mailing Address
PO BOX 66645
SAINT PETERSBURG BEACH FL 33706

2. Principal Place of Business

7217 GULF BLVD #4

3. Mailing Address

PO BOX 66645

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.

City & State
St. Pete Beach FL

City & State
St. Pete Beach FL

Zip
33706

County
Pinellas

Zip
33706

County
Pinellas

4. FEI Number
59-3646583

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBICHAUX, MARK M
7217 GULF BLVD #4
ST. PETE BEACH FL 33706

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SALLY G. YODER**

Signature, typed or printed name of registered agent and title if applicable.

(Not a Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROBICHAUX, MARK M**
STREET ADDRESS **7217 GULF BLVD #4**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

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

TITLE **ST** ☐ Delete
NAME **YODER, SALLY G.**
STREET ADDRESS **5555 GULF BLVD. #111**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☒ Change ☐ Addition
NAME **ST. YODER, SALLY G.**
STREET ADDRESS **5555 GULF BLVD #111**
CITY-ST-ZIP **ST. PETE BEACH, FL. 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SALLY G. YODER** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

727-360-1035

727-363-6634

CR2E034 (10/02)