

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90318 040 \*\*\*150.00

0086137

**DOCUMENT # P00000059123**

1. Entity Name

**TROPICAL BRICK PAVERS, INC.**

Principal Place of Business

817 BEACHLAND BLVD  
 VERO BEACH FL 32963

Mailing Address

817 BEACHLAND BLVD  
 VERO BEACH FL 32963

039011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

County

Zip

County

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRIS, CHARLES E  
 817 BEACHLAND BLVD  
 VERO BEACH FL 32963

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FISKE, ANDREW W**  
 CITY-ST-ZIP **14156 48TH COURT**  
**VERO BEACH FL 32966**

TITLE ☒ Change ☐ Addition  
 NAME **D/P/S/T**  
 STREET ADDRESS **Fiske, Andrew W**  
 CITY-ST-ZIP **1415 48th Court**  
**VERO Beach, FL 32966**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

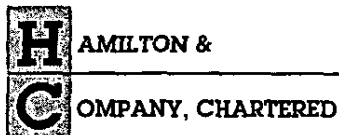
3/21/01

Date

561-473-8537

Daytime Phone #

CR2E034 (10/00)



Certified Public  
Accountants

Members  
FICPA AICPA

P.O. Box 6370  
Vero Beach, FL 32961-6370  
Phone (561) 569-4200  
FAX (561) 778-5215  
655 21st Street, Suite 200  
Vero Beach, FL 32960

S. Thomas Hamilton, Jr., C.P.A.

Joseph L. Hickey, C.P.A.  
Pamela P. Young, C.P.A.  
Timothy Collins, C.P.A.  
Ralph E. Beach, III, C.P.A.

attachment 639011  
D# P000059123

March 23, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Tropical Brick Pavers, Inc.  
FEIN 65-1020476

Dear Sir/Madam:

Enclosed is the 2001 Uniform Business Report for Tropical Brick Pavers, Inc. together with a check in the amount of \$150.

Would you please acknowledge receipt of same by signing the enclosed copy of this letter, stamping the date received and returning it to us in the attached reply envelope.

Sincerely,

S. Thomas Hamilton, Jr.

STHjr:ap

Enclosures

RR# 7000 1670 0000 0409 8422

c: Mr. Andrew Fiske W/Encl.

PLEASE ACKNOWLEDGE RECEIPT BY SIGNING,  
DATING AND RETURN THIS COPY IN THE  
ENCLOSED REPLY ENVELOPE.