

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060961

1. Entity Name

TROPIC EXTERIOR REMODELING INC.

Principal Place of Business

816 SLEEPY COURT
CASSELBERRY FL 32707

Mailing Address

816 SLEEPY COURT
CASSELBERRY FL 32707

2. Principal Place of Business

816 SLEEPY CT CASSELBERRY FL 32707

3. Mailing Address

SAVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

CASSELBERRY FL

City & State

CASSELBERRY FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

59-3672273

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAY, KEVIN A

816 SLEEPY COURT

CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

KEVIN A. HAY

Street Address (P.O. Box Number is Not Acceptable)

816 SLEEPY CT

City

CASSELBERRY

FL

Zip Code

32707

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

KEVIN A. HAY

KEVIN A. HAY 7/28/01

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

(NOTE: Registered Agent signature required when reappointing)

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 ☐ Delete
NAME D
STREET ADDRESS HAY, KEVIN A
CITY-ST-ZIP 816 SLEEPY COURT
CASSELBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90002 050 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)