

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0482778 AV

**DOCUMENT # P00000069895**

**1. Entity Name**  
**TROPICAL BAY INN MOTEL, INC.**

03-31-2002 90335 037 \*\*\*150.00

**Principal Place of Business**  
**22968 BAYSHORE RD**  
**PORT CHARLOTTE FL 33980**

**Mailing Address**  
**22968 BAYSHORE RD**  
**PORT CHARLOTTE FL 33980**



**Principal Place of Business** *22968 Bayshore rd* **3. Mailing Address** *same*  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
*Port Charlotte*  
**Zip** *33980*

**City & State**  
*FLA*  
**Zip** *33980*

**4. FEI Number** **65-1047415** **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OAKS, DAVID K ESQ.**  
**407 E. MARION AVE., SUITE 101**  
**PUNTA GORDA FL 33950**

**7. Name and Address of New Registered Agent**

**Name** *Alisa Delucia (president)*  
**Street Address (P.O. Box Number is Not Acceptable)** *22968 Bayshore rd*  
**City** *Port Charlotte* **FL** **Zip Code** *33980*

**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** *Alisa Delucia president* **DATE** *3/21/02*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DELUCIA, ALISA</b> <b>22968 BAYSHORE RD.</b> <b>CHARLOTTE HBR F 33980</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DELUCIA, DOMINICK</b> <b>22968 BAYSHORE RD.</b> <b>CHARLOTTE HBR FL 33980</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Alisa Delucia president* **DATE** *3/21/02* **Daytime Phone #** *625-3004*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)