

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90088 048 ***150.00

DOCUMENT # P00000092797

1. Entity Name

TROPIC CAR WASH, INC.

Principal Place of Business

4275 ALYSSA LANE
 WEST MELBOURNE FL 32904

Mailing Address

4275 ALYSSA LANE
 WEST MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3680683

Applied For

Not Applicable

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

ZIES, G. PHILIP
 15 SILVER PALM AVE.
 MELBOURNE FL 32901

Name **Tony MASON**

Street Address (P.O. Box Number is Not Acceptable)
4275 ALYSSA LN

MELBOURNE, FL

City

FL

Zip Code

32904

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, 2002 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 **D** ☐ Delete
 NAME **MASONE, ANTHONY N**
 STREET ADDRESS **4275 ALYSSA LANE**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

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

TITLE **D** ☐ Delete
 NAME **MASONE, REAGAN L**
 STREET ADDRESS **4275 ALYSSA LANE**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

ANTHONY N MASONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 3216938669

CR2E034 (9/01)

~~Attachment~~ # P 0000069277 / 660402
ROD NORTHCUTT, C.F.C.
BREVARD COUNTY TAX COLLECTOR
400 SOUTH STREET, 6TH FLOOR
TITUSVILLE, FLORIDA 32780-7698
(407) 264-6910 OR 633-2199 EXT 6910

Tropic Car Wash Inc
4275 Alyssa Lane
West Melbourne FL 32904

Date: May 1, 2002

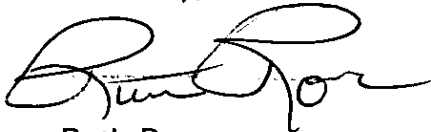
Re: UBR Form

~~Enclosed is your check # 5147 in the amount of \$ 150.00. This was sent to us in error. You mail this to the Department of State.~~

However, we do not show a Brevard County Occupational License on file with us. To obtain a Brevard County Occupational License please contact one of our offices.

If you should have any questions, please do not hesitate to contact this office at (321) 264-6910.

Sincerely,



Ruth Rowe
Occupational License Dept.

MY CHECK AND REPORT
WAS MAILED BACK TO ME
I MUST HAVE MAIL IT
TO THE WRONG OFFICE.

Tony MASONE
321 693-8669