

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90144 050 ***150.00

0427698 AV

DOCUMENT # P00000107572

1. Entity Name

TROPIX TRANSPORTATION, INCORPORATED.

Principal Place of Business

**1005 W BUSCH BLVD. SUITE 104-D
TAMPA FL 33612**

Mailing Address

**1005 W BUSCH BLVD. SUITE 104-D
TAMPA FL 33612**

2. Principal Place of Business

2901 W. Busch Blvd.

Suite, Apt. #, etc.

Suite 601

City & State

TAMPA, FL.

Zip

33618

Country

USA

3. Mailing Address

2901 W. Busch Blvd.

Suite, Apt. #, etc.

Suite 601

City & State

TAMPA, FL.

Zip

33618

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3679475

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARRINAGA, R. MICHAEL
5025 E FOWLER AVE STE 14
TAMPA FL 33617**

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.

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

TITLE **D** ☐ Delete
NAME **COLLINS, GEORGE K**
STREET ADDRESS **6287 BAHIA DEL MAR CIR #112**
CITY-ST-ZIP **ST PETERSBURG FL 33715**

TITLE **D** ☐ Delete
NAME **COPENHAVER, ROGER**
STREET ADDRESS **6230 SOARING AVE**
CITY-ST-ZIP **TEMPLE TERR FL 33617**

TITLE **D** ☐ Delete
NAME **LARRINAGA, MICHAEL**
STREET ADDRESS **5000 GULF BLVD #703**
CITY-ST-ZIP **ST PETERSBURG FL 33706**

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 **1651 Heron Cove DR.**
CITY-ST-ZIP **Lutz, FL. 33549**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-26-02 813-936-2554

CR2E034 (9/01)