

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90059 048 ***150.00

DOCUMENT # P01000003821

1. Entity Name
TROPIGAS OF FLORIDA INC.



Principal Place of Business
1163 54TH AVENUE SOUTH
SAINT PETERSBURG FL 33705

Mailing Address
1163 54TH AVENUE SOUTH
SAINT PETERSBURG FL 33705

2. Principal Place of Business

1163 54TH AVE SO

3. Mailing Address

1163 54TH AVE. SO

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

Zip

33705

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3691296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CAHILL, MICHAEL L P.A.
1301 SEMINOLE BLVD.
SUITE 116
LARGO FL 33770

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOWLING, BILLY J**
STREET ADDRESS **1163 54TH AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 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

8/4/03 727-235-1907

Date Daytime Phone #

CR2E034 (4/03)

Attachment

86134502
P01000003821

Tropigas of Florida

1163 54th Avenue South
Saint Petersburg, Florida 33705
(727) 866-1061
Fax Number (727) 866-8079

Date: 8/4/03

To: Division of Corporations

Glenda E. Hood

Re: 2003 Uniform Business Report

Dear Glenda Hood

Attached please find Tropigas of Florida's 2003 Uniform Business report and a check for \$150.00. Tropigas of Florida is requesting a waiver of the \$400.00 late fee. The attached notice Tropigas received was the first such notice to be received.

Your consideration in this matter is greatly appreciated, and if you have any questions please contact me directly at 727-235-1907.

Sincerely,



B.J. Bowling
President