

2002 UNIFORM BUSINESS REPORT (UBR)

9/1
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FILED
Oct 01, 2002 8:00 am
Secretary of State

09-16-2002 90126 001 ***550.00
09-16-2002 90126 002 *****8.75

DOCUMENT # P01000050428

1. Entity Name
TROPICAL AUTO SERVICES, INC.

Principal Place of Business

**5615 NW EIGHT STREET
MARGATE FL 33068**

Mailing Address

**5615 NW EIGHT STREET
MARGATE FL 33068**

2. Principal Place of Business

5615 NW 8 STREET

Suite, Apt. #, etc.

MARGATE FL

City & State

3. Mailing Address

5615 NW 8 STREET

Suite, Apt. #, etc.

MARGATE FL

City & State

Zip

33068

Country

BROWARD

Zip

33068

Country

BROWARD

6. Name and Address of Current Registered Agent

JEROME, FRANCIS

5615 NW EIGHT STREET

MARGATE FL 33068

4. FEI Number

65-1108247

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

FRANCIS JEROME

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

4160 NW 66 PLACE

City

COCONUT CREEK

FL

Zip Code

33073

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

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 13, 2002 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 **owner** ☐ Delete
NAME **Francis Jerome**
STREET ADDRESS **5615 NW 8 St Margate FL**
CITY-ST-ZIP **33068**

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
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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:

FRANCIS JEROME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02

Date

Daytime Phone #

CR2E034 (4/02)