

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 019 ***550.00

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DOCUMENT # P01000073136

1. Entity Name
TROPICAL POOLS & SPAS OF THE SUNCOAST, INC.



Principal Place of Business
3230 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address
586 LYONS LANE
LONGBOAT KEY FL 34228



2. Principal Place of Business

3230 S. Tamiami Trail

3. Mailing Address

3230 S. Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

4. FEI Number

65-1122832

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

KIRK, ROBERT A JR
586 LYONS LANE
LONGBOAT KEY FL 34228

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KIRK, ROBERT A JR**
STREET ADDRESS **586 LYONS LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3230 S. Tamiami Trail**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **STD** ☐ Delete
NAME **KIRK, JAYNE A**
STREET ADDRESS **586 LYONS LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3230 S. Tamiami Trail**
CITY-ST-ZIP **Sarasota, FL 34239**

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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

Date

Daytime Phone #

CR2E034 (10/02)