## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000079158 **DOCUMENT #**

1. Entity Name



**FILED** May 01, 2003 8:00 am 8 8 8 8 Secretary of State 05-01-2003 90785 008 \*\*\*150.00 ₹

TROPICAL	L SAFETY AND SUN CON	TROL, I	NC.						
Principal Place of Business 18831 TOURNAMENT TRAIL TAMPA FL 33847		18831	Mailing Address 18831 TOURNAMENT TRAIL TAMPA FL 33647				iji <b>11</b> 11 i <b>11</b>	1 <b>8</b> 18181 11881	<b>.</b> 
2. Principal F	Place of Business	3. Mai	ling Address	· · · · · · · · · · · · · · · · · · ·	$\dashv$				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City	& State	·	<b>4.</b> F	El Number <b>59-3740093</b>			oplied For ot Applicable
Zip	Country	Zip		Country	<b>5.</b> C	Certificate of Status Desired		8.75 Ad ee Require	
	<ol><li>Name and Address of Curren</li></ol>	t Registere	d Agent		7. N	ame and Address of New Reg	stered A	gent	
				Name					
RODGERS	s, SKYE			Charles & alabara	- (O.O. B.	ox Number is Not Acceptable)			<del>_</del>
18831 TOURNAMENT TRAIL			Street Ad		S (P.O. 80	ox Number is Not Acceptable)			
TAMPA FL									
IAMEA FL	. 33047								
				City			FL	Zip Cod	le
9 The above	e named entity submits this statement	for the purp	aca of changing its	registered office or regist	torod pag	ant or both in the State of Florid		miliar with	and accept
	tions of registred agent.	ioi the purp	ose of changing its	registered office of regist	tered age	sit, or both, in the state of field	u. 10/11/12	4, miles 44, miles	and decoupt
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SIGNATURE			<u> </u>	<u> </u>					
SIGNATURE:	Signal, e, typed or printed name of registered ager	nt and title if app	licable. (NOTI	E: Registered Agent signature requi	ired when rei	nstating)	DATE		
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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: