

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90102 042 ***150.00

DOCUMENT # P01000109776

1. Entity Name
TROPICAL HOLIDAY LIGHTING INC.

Principal Place of Business

**16219 SEPTEMBER DR
 LUTZ FL 33549**

Mailing Address

**16219 SEPTEMBER DR
 LUTZ FL 33549**

2. Principal Place of Business

**17721 Sunrise Dr.
 Suite, Apt. #, etc.
 Lutz, FL**

3. Mailing Address

**17721 Sunrise Dr
 Suite, Apt. #, etc.**

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

65-1151884

Applied For

Not Applicable

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GAY, JEFFORY C
 16219 SEPTEMBER DR
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **Jeff GAY Jeffory L**

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

17721 Sunrise Dr

City **Lutz**

FL

Zip Code **33549**

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 **D** ☐ Delete
 NAME **GAY, JEFFORY L**
 STREET ADDRESS **16219 SEPTEMBER DR**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **Gay Jeffory L**
 STREET ADDRESS **17721 Sunrise 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

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 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 #

CR2E034 (4/02)

Attachment

PO1000109726

To Whom It May Concern:

My name is Jeffory L Gay; I am the director of Tropical Holiday Lighting. I am a new business owner; I have never owned a business before last year. I started a seasonal Christmas light company late last fall. I was unaware of Business filings that were required, I now know what I must do on an annual basis. Please forgive my ignorance and oversight and accept my original fees.

Thank you, Jeffory L Gay

Jeffory L Gay