

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90193 018 ***150.00

DOCUMENT # P02000060667

1. Entity Name
TROPICAL PROPERTY INVESTMENTS, INC.



Principal Place of Business
**7190 COON ROAD
NORTH FORT MYERS FL 33917**

Mailing Address
**7190 COON ROAD
NORTH FORT MYERS FL 33917**



2. Principal Place of Business
14300 BURNT STORE RD
Suite, Apt. #, etc.

3. Mailing Address
14300 BURNT STORE RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PUNTA GORDA FL
Zip
33955 Country

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PUNTA GORDA FL
Zip
33955 Country

4. FEI Number
02-0624704

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, RACHEL
7190 COON ROAD
NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name **GONZALEZ, RACHEL**
Street Address (P.O. Box Number is Not Acceptable)
14300 BURNT STORE ROAD
City **PUNTA GORDA FL** Zip Code **33955**

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RACHEL 7190 COON ROAD NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELEKSON, MICHAEL 7190 COON ROAD NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Gonzalez Rachel 7190 Coon Road North Fort Myers FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUPS melekson michael 7190 Coon Road North Fort Myers FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Rachel Gonzalez
2/13-03

Date Daytime Phone #

CR2E034 (10/02)