

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90136 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000115076

1. Entity Name
TROPICAL RESORTS, INC.

Principal Place of Business
1683 PERSIMMON DRIVE
NAPLES, FL 34109

Mailing Address
1683 PERSIMMON DRIVE
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3718787

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMB, JEFFREY
868 106TH AVENUE NORTH
NAPLES, FL 34108

7. Name and Address of New Registered Agent

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's signature required when registering)

DATE

FILE NOW! FEE IS \$150.00
After May 15, 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/P
FIORETTI, RICHARD
1683 PERSIMMON DRIVE
NAPLES, FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FIORETTI, BRENDA
1683 PERSIMMON DRIVE
NAPLES FL 34109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☒ Addition

TITLE

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STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE:

Brenda C. Fioretti

7/2/03

239 595 6219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

90140630

THOMAS WANDERON & ASSOCIATES

• TAX ACCOUNTING, INC. •

P02000115076

Wednesday, July 02, 2003

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Tropical Resorts, Inc.
1683 Persimmon Drive
Naples, FL 34109
P02000115076
2003 Uniform Business Report

We are the Registered Agent for the above named corporation.

The corporation did not receive the 2003 Uniform Business Report form and was unaware of it's requirement to file an annual report (2003 was the first year that an annual report was required of the corporation.)

As such, we are requesting on behalf of the corporation, a waiver of late fees and request that the corporation be allowed to file its annual report (attached) with the 2003 filing fees of \$150 (attached.) Please advise the corporation and my office as the Registered Agent accordingly.

Thank you.

Very truly yours,



Jeffrey R. Lamb, Registered Agent
Thomas Wanderon & Associates

JRL/II