

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90725 030 ***158.75

DOCUMENT # P02000126805

1. Entity Name
TROPICAL TINT INC.



Principal Place of Business
5301 ANGELES AVE
SARASOTA FL 34235

Mailing Address
5301 ANGELES AVE
SARASOTA FL 34235

2. Principal Place of Business

~~334613 N. WASHINGTON BLVD.~~
Suite, Apt. #, etc.

3. Mailing Address

~~4766 VINSON WAY~~
Suite, Apt. #, etc.

City & State

~~SARASOTA FL~~

City & State

~~SARASOTA FL~~

4. FEI Number

90-0053040

Applied For

Not Applicable

Zip

~~34234~~

Country

Zip

~~34232~~

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCPHEE, JAMES~~
~~5301 ANGELES AVE~~
~~SARASOTA FL 34235~~

TROPICAL TINT, INC.
1235 B N Washington Blvd.
Sarasota, FL 34236
941-925-2600

Name

JAMES W MCPHEE

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

4766 VINSON WAY

SARASOTA

City

FL

Zip Code

34232

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

James W. McPeck

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

TITLE owner ☐ Delete
NAME James W McPeck
STREET ADDRESS 4766 VINSON WAY
CITY-ST-ZIP Sarasota FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James W. McPeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-03

Date

941-925-2600

Daytime Phone #

CR2E034 (10/02)