

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012096

1. Entity Name

SHERMAN'S TROPICAL TRADER, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90017 007 ***150.00

Principal Place of Business

~~2353 SW ESTELLA TERR~~
~~PALM CITY FL 34990~~
~~US~~

Mailing Address

~~2353 SW ESTELLA TERR~~
~~PALM CITY FL 34134-3909~~
~~US~~

2. Principal Place of Business

28194 TAMIAHI TR L

3. Mailing Address

1283 RAINBOW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

NAPLES, FL

Zip

34134

Country

USA

Zip

34110

Country

USA

4. FEI Number

~~65-0211602~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

28194 TAMIAHI TRAIL

City

BONITA SPRINGS, FL

Zip Code

34134

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P S
NAME SHERMAN, HAROLD J
STREET ADDRESS 2353 SW ESTELLA TERR
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS 1283 RAINBOW CT
CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☐ Addition

TITLE PV T
NAME SHERMAN, BARBARA A
STREET ADDRESS 2353 SW ESTELLA TERR
CITY-ST-ZIP PALM CITY FL 34990 ☒ Delete
NOT A PART OF THIS CORP.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2000 941-596-8801
Date Daytime Phone #

CR20014 19/99