

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012522

1. Entity Name

TROPICAL PALM INVESTMENT CORP.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90088 014 ***150.00

Principal Place of Business

Mailing Address

1400 COLONIAL BLVD.
SUITE 33
FT. MYERS FL 33907

1400 COLONIAL BLVD.
SUITE 33
FT. MYERS FL 33907-1053

2. Principal Place of Business

As above
Suite, Apt. #, etc.

3. Mailing Address

As above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0399921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRUNERT, JUERGEN
1400 COLONIAL BLVD.
SUITE 33
FT. MYERS FL 33907

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPT			
	SEMLER, DIETER	6277 BAD CAMBERY/TS	GIESBERT LIEBER STR 18	
	SVPD			
	GRUNERT, JUERGEN	11886 GRAND ISLE LN.	FT. MYERS FL 33913	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2000

Date

(941) 9366154

Daytime Phone #

CR2E034 (9/99)