

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90359 028 ***150.00

DOCUMENT # P93000051050

1. Entity Name

TROPICAL LEASING, INC.

Principal Place of Business

**11 LAKESHORE DR.
 KEY LARGO FL 33037
 US**

Mailing Address

**350 NW ALICE AVE
 STUART FL 34994
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11 Lakeshore Dr
 Suite, Apt. #, etc.

350 NW Alice Ave
 Suite, Apt. #, etc.

City & State

City & State

Key Largo FL

Stuart FL

Zip
33037

Country

Monroe

Zip

34994

Country

Martin

4. FEI Number

59-3198725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee, Required

6. Name and Address of Current Registered Agent

**COLLIER, GEORGE
 11 LAKESHORE DR.
 KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name *George Collier*
 Street Address (P.O. Box Number is Not Acceptable)
350 NW Alice Ave
 City *Stuart* **FL** Zip Code *34994*

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

George Collier
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	COLLIER, GEORGE	
STREET ADDRESS	11 LAKESHORE DR.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

George Collier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-02 260-0819
 561

CR2E034 (9/01)