

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074312

1. Entity Name  
HAWAIIAN TROPIC EUROPE, INC.



FILED

03 JUL 14 PM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~P.O. BOX 26511~~ 1190 N US Hwy 1  
~~DAYTONA BEACH FL 32118-5111~~  
US Ormond Beach, FL 32174 US

2. Principal Place of Business  
1190 N. U.S. Hwy 1

Suite, Apt. #, etc.

City & State  
Ormond Beach, FL 32174

Zip Country  
US

Mailing Address  
~~P.O. BOX 26511~~ 265111  
~~DAYTONA BEACH FL 32118-5111~~ 32126-5111

3. Mailing Address  
P. O. Box 265111

Suite, Apt. #, etc.  
ATTENTION Larry Adams

City & State  
Daytona Beach, FL 32126-5111

Zip Country  
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3286689  
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

ADAMS, LARRY L  
1190 US HWY 1 North  
ORMOND BEACH FL 32174

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICE, RONALD J 175 OCEAN SHORE BLVD ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JENNINGS, WILLIAM F <del>25 SHADOW CREEK</del> 19 Wild Cat Lane ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ADAMS, LARRY L 687 OCEANSHORE BLVD ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURRETTE, JACK E 427 PALM AVEN ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, FRANK 3 WHITESTOWN INDUSTRIAL ESTATES TALLAGHT DUBLIN 24 IR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 July 03 386-677-9559  
Date Daytime Phone #

CR2E034 (4/03)

**TANNING RESEARCH LABORATORIES, INC.**

P.O. Box 265111  
Daytona Beach, Florida 32126-5111  
(386) 677-9559

Larry Ledford Adams  
Executive Vice President & Gen. Counsel

1190 U.S. Highway 1 - Tomoka Estates  
Ormond Beach, Florida 32174  
E-Mail: larry.adams@htropic.com  
FAX: (386) 615-8426

July 10, 2003

Florida Department of State  
Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Hawaiian Tropic Europe, Inc.  
Document #P94000074312

Dear Sir/Madam:

Attached is our Uniform Business Report for the above-referenced corporation, along with our check in the amount of \$150.00 for the filing fee. The first notice of renewal was received by us on or about June 26, 2003. For this reason, we respectfully request that you waive the late fee of \$400.00.

Thank you for your cooperation in this matter.

Very truly yours,



Larry L. Adams  
Counsel

LLA/bks