

3/24

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-25-2002 90072 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019032

1. Entity Name

TROPICAL CONDOMINIUM SERVICE, INC.

Principal Place of Business

822 85TH AVE. NORTH
 ST PETERSBURG FL 33702

Mailing Address

P.O. BOX 20213
 ST PETERSBURG FL 33742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3285727**

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

DEGOLYER, LARRY W
 822 85TH AVE., NORTH
 ST. PETERSBURG FL 33702

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, 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 VP ☐ Delete

NAME DEGLOYER, MICHAEL B.
 STREET ADDRESS 822 85TH AVE N.
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☒ Delete

NAME DEGOLYER, JASON J
 STREET ADDRESS 9167 FAIRWEATHER DR
 CITY-ST-ZIP LARGO FL 34643

TITLE Pres. ☐ Delete

NAME DeGolyer, Larry W.
 STREET ADDRESS 822 85th Ave N.
 CITY-ST-ZIP St. Petersburg, FL 33702

TITLE Sec. ☐ Delete

NAME DeGolyer, Sue A.
 STREET ADDRESS 822 85th Ave N.
 CITY-ST-ZIP St. Petersburg, FL 33702

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-02 727-570-3239

C/20024 (8/01)