

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096462

1. Entity Name

TROPICAL WAVE LENGTHS, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90002 005 ***150.00

Principal Place of Business

7210 ULMERTON ROAD
SUITE F
LARGO FL 34641
US

Mailing Address

7210 ULMERTON ROAD
SUITE F
LARGO FL 34641

871046



DO NOT WRITE IN THIS SPACE

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 59-3349396

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

SCHULTZ, ROBERT A
7210 ULMERTON ROAD
SUITE F
LARGO FL 34641

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, 2001 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------------|--------------------|-------------|-------|------|----------------|-------------|
| | CEO | | | | | | |
| | SCHULTZ, ROBERT A | 7210 ULMERTON ROAD | LARGO FL | | | | |
| | CO | | | | | | |
| | NANCY SCHULTZ | 7210 ULMERTON RD | LARGO FL | | | | |
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

nancy schultz.c.o. 4-25-01 727-524-3345

CR2E034 (10/00)