

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001678

1. Entity Name

TROPICAL HOME SERVICE, INC.

Principal Place of Business

248 39TH AVE NE
SAINT PETERSBURG FL 33703

Mailing Address

248 39TH AVE NE
SAINT PETERSBURG FL 33703

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0651195

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLAZO, RICHARD
248 39TH AVE NE
SAINT PETERSBURG FL 33703

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: PVPT D
NAME: CCOLLAZO, RICHARD J
STREET ADDRESS: 248 39TH AVE NE
CITY-ST-ZIP: SAINT PETERSBURG FL 33703

Delete

TITLE: S D
NAME: COLLAZO, CARMINE F
STREET ADDRESS: 248 39TH AVE NE
CITY-ST-ZIP: SAINT PETERSBURG FL 33703

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PVPD TRUSTEE
NAME: CCOLLAZO, RICHARD J.
STREET ADDRESS: 248 39TH AVE NE
CITY-ST-ZIP: SAINT PETERSBURG FL 33703

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: TREASURER
NAME: FRANK JR.
STREET ADDRESS: 248 39TH AVE NE
CITY-ST-ZIP: SAINT PETERSBURG FL 33703

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change 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:

Richard J. Collazo President 4/29/02 (327) 898-9774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002
2002



DO NOT WRITE IN THIS SPACE

05-23-2002 90039 007 ***158.75

FILED
May 23, 2002 8:00 am
Secretary of State