

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034634

1. Entity Name

TROPICAL FINANCIÁL SERVICES, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90113 046 ***150.00

Principal Place of Business

7495 NW HWY 25-A
OCALA FL 34475

Mailing Address

P.O. BOX 1237
ANTHONY FL 32617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13473 Ponce de Leon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10372

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3377670

Applied For

Not Applicable

Zip

34603

Country

USA

Zip

34601

Country

USA

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

TUCCI, GREGORY E ESQ
225 NE EIGHTH AVENUE
OCALA FL 34470

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 ☐ Delete
NAME D
STREET ADDRESS HUETCHER, ALVIN
CITY-ST-ZIP 7495 NW HWY 25-A
OCALA FL 34475

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 10372
CITY-ST-ZIP Brooksville, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Alvin W. Huetcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 352 5440555

CR2E034 (10/00)