

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038355

1. Entity Name

TROPICAL COMMERCIAL CONSTRUCTORS INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90436 039 ***150.00

Principal Place of Business

Mailing Address

8243 BUSINESS PK DR.
PORT ST. LUCIE FL 34952

10302 S. FED HWY
#283
PORT ST LUCIE FL 34952

C0056162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8864 S US 1

Suite, Apt. #, etc.

City & State

City & State

Pt St Lucie FL

4. FEI Number 65-0657944

Applied For

Not Applicable

Zip

Country

Zip

Country

34952

St Lucie

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

SCAMMELL, WILLIAM

8243 BUSINESS PARK DRIVE 8864 S US 1
PORT ST. LUCIE FL 34952

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 P ☐ Delete
NAME SCAMMELL, WILLIAM F
STREET ADDRESS 8243 BUSINESS PARK DRIVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME 8864 S. US 1
STREET ADDRESS Pt St Lucie FL 34952
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

William F Scammell

Date

4-26-01

Daytime Phone #

561-340-3454

CR2E034 (10/00)