

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041317

1. Entity Name

FIRST TROPICAL CONSULTING, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90020 037 ***158.75

Principal Place of Business

Mailing Address

6547 SAMOA DR
SARASOTA FL 34241
US

6547 SAMOA DR
SARASOTA FL 34241-5638
US

2. Principal Place of Business

3. Mailing Address

3850 WASHINGTON ST

3850 WASHINGTON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#316

#316

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33021

Country
USA

Zip
33021

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756115

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

KING, CLIFFORD M
1800 SECOND STREET, SUITE 855
SARASOTA FL 34236

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, 2000 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
ST
HATTON, KAREN D
6547 SAMOA DR
SARASOTA FL 34241



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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HATTON, JAMES B
6547 SAMOA DR
SARASOTA FL 34241



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

TITLE
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STREET ADDRESS
CITY-ST-ZIP



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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 like empowered.

SIGNATURE: James B. Hatton JAMES B. HATTON President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 (954) 894-9380

CR20014 (9/99)