

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90192 013 ***150.00

DOCUMENT # P97000108102

1. Entity Name
TROPICAL LANDHOLDINGS, INC.



Principal Place of Business
**8252 WILTSHIRE
PORT CHARLOTTE FL 33981**

Mailing Address
**8252 WILTSHIRE
PORT CHARLOTTE FL 33981**

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 **65-0802638**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAUL, JERRY S
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DUFF, JAMES T**
STREET ADDRESS **8252 WILTSHIRE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☐ Delete
NAME **WAPINSKI, GARY**
STREET ADDRESS **55 OAKS RD**
CITY-ST-ZIP **PALOS PARK IL 60464**

TITLE **D** ☐ Delete
NAME **HALVORSON, RICHARD**
STREET ADDRESS **9 LONG MEADOW PL**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **D** ☐ Delete
NAME **FULLENCAMP, DENNIS**
STREET ADDRESS **2911 PINE ISLAND ROAD**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **P** ☐ Delete
NAME **BOWEN, PATSY**
STREET ADDRESS **8252 WILTSHIRE DR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/03

CR2E034 (10/02)