## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 28, 2001 8:00 am DOCUMENT # **P98000045899 Secretary of State** TROPICAL BREEZE BEACH CONCESSION, INC. 02-28-2001 90062 041 \*\*\*150.00 Principal Place of Business Mailing Address 2987 S. ATLANTIC AVE. 2987 S. ATLANTIC AVE. UNIT 1102 **UNIT 1102** DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3512754 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, PHILLIP R Street Address (P.O. Box Number is Not Acceptable) 2987 S. ATLANTIC AVE. **UNIT 1102 DAYTONA BEACH FL 32118** Zip Code City F 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN : 1 11. OFFICERS AND DIRECTORS 12. Delete [ Addition THOMAS, PHILLIP R NAME STREET ADDRESS 2987 S. ATLANTIC AVE., UNIT 1102 STREET ADDRESS CITY ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Deiete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change Adoltion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE ☐ Change Addition NAM5 NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 13. Thereby 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 eath; 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR