

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90029 049 ***150.00

DOCUMENT # P98000082982

1. Entity Name
FLORIDA SUBTROPIC, INC.



Principal Place of Business

407 LAKE HOWELL ROAD
SUITE 112
MAITLAND FL 32751
US

Mailing Address

POST OFFICE BOX 1851
WINTER PARK FL 32790
US

2. Principal Place of Business

5889 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 1415

City & State

PORT ORANGE FL

Zip

32128

Country

USA

3. Mailing Address

PO BOX 291266

Suite, Apt. #, etc.

#

City & State

PORT ORANGE FL

Zip

32129

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3534931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AYCOCK, JOHN GORDON
407 LAKE HOWELL ROAD
SUITE 112
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

5889 AIRPORT ROAD/STE 1415

City

PORT ORANGE

State

FL

Zip Code

32128

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

JOHN G. AYCOCK

PRESIDENT

01/07/03

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 **AYCOCK, JOHN GORDON**
STREET ADDRESS **407 LAKE HOWELL ROAD, SUITE 112**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **AYCOCK, JOHN GORDON**
STREET ADDRESS **5889 AIRPORT ROAD/STE 1415**
CITY-ST-ZIP **PORT ORANGE FL 32128**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

JOHN G. AYCOCK

01/07/03

386-304-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)