

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90084 001 ***150.00

DOCUMENT # P98000098672

1. Entity Name
TROPICAL BEACH WALK, INC.

Principal Place of Business

106 BENNING DRIVE, SUITE #7
DESTIN FL 32541

Mailing Address

106 BENNING DRIVE, SUITE #7
DESTIN FL 32541

449000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

713 Seagull Circle
Suite, Apt. #, etc.

3. Mailing Address

713 Seagull Circle
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2659101 3709466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFIELD, P. COLLEEN
1719 S. COUNTY HWY 393
SANTA ROSA BEACH FL 32459

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.

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, 2002 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

TITLE **P/D** ☒ **Delete**
NAME **WELBORN, JACK**
STREET ADDRESS **106 BENNING DRIVE, SUITE #7**
CITY-ST-ZIP **DESTIN FL 32541**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ **Change** ☒ **Addition**
NAME **Blaine Searcy**
STREET ADDRESS **713 Seagull Circle**
CITY-ST-ZIP **Destin, FL 32541**

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

TITLE ☐ **Change** ☐ **Addition**
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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 REQUIRED

BLAINE SEARCY
PRESIDENT

Date

3/4/2002

Daytime Phone #

(850) 837-2034

CR2E034 (9/01)