

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90475 040 ***150.00

DOCUMENT # P99000020708

1. Entity Name

THE TROPICAL TRAVELER.COM, INC.

Principal Place of Business

**12734 KNEWOOD LN.
 STE 84
 FORT MYERS FL 33907**

Mailing Address

**12734 KNEWOOD LN.
 STE 84
 FORT MYERS FL 33907**

2. Principal Place of Business

**14360 S. TAMiami TR
 Suite, Apt. #, etc.
 STE B**

3. Mailing Address

**P.O. BOX 07120
 Suite, Apt. #, etc.**

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33912

Country

USA

Zip

33919

Country

USA

4. FEI Number

65-0901001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DODRILL, DAVID E
 6326 WHISKEY CREEK DRIVE
 SUITE D
 FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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

14360 S. TAMiami TR

City

FORT MYERS

FL

Zip Code

33912

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

David E. Dadrill **David E. Dadrill**

4/28/02

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	D	<input type="checkbox"/> Delete
NAME	DODRILL, DAVID E	
STREET ADDRESS	929 ADELPHI COURT	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DODRILL, CATHRON S	
STREET ADDRESS	929 ADELPHI CT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOEHLER, TAMMY T	
STREET ADDRESS	2380 ANDROS AVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1142 SW 28th ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

David E. Dadrill **David E. Dadrill**

4/28/02

941 931-4902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)