

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90004 039 ***150.00

DOCUMENT # **P99000065857**

1. Entity Name

TROPICAL Tube Products Inc

Principal Place of Business

Mailing Address

5150 110th Ave No
Clearwater, FL 33760

2. Principal Place of Business

3. Mailing Address

5150 110th Ave No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Clearwater, FL

4. FEI Number

59-3587576

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fredrick D. Craig
3819 71st Street No.
Clearwater, FL 33709

Name

Fredrick D. Craig**3819 71st Street No.****City St. Petersburg****FL****Zip Code 33709**

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

*Fredrick D. Craig***FREDRICK D. CRAIG 4-6-00**

Signature of individual or corporate officer or director

(NOT 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)



10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May 6th
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	FREDRICK D. CRAIG	3819 71st Street No.	St. Petersburg, FL 33709	☐
T	SAM NICHOLS	5150 110th AVE No.	Clearwater, FL 33760	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
P	Fredrick D. Craig	3819 71st Street No.	St. Petersburg, FL 33709	☐	☐
T	SAM Nichols	5150 110th AVE No.	Clearwater, FL 33760	☐	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

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:

Fredrick D. Craig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00 727365-9353

Date

Daytime Phone