305 872*066*8

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ac-

SIGNATURE:

n all other like empowered.

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P99000082697 1. Entity Name TROPICAL RIDER, INC. 04-10-2001 90051 014 ***150.00 Principal Place of Business Mailing Address 23032 SNAPPER LANE 23032 SNAPPER LANE CUDJOE KEY FL 33042 CUDJOE KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0961428 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANSKE, SHEREE K Street Address (P.O. Box Number is Not Acceptable) 23032 SNAPPER LANE CUDJOE KEY FL 33042 City Zip Code FL 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 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 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE GANSKE, SHEREE K NAME NAME STREET ADDRESS STREET ADDRESS 23032 SNAPPER LANE CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Change Addition TITLE ☐ Delete TITLE GANSKE, RICHARD NAME NAME STREET ADDRESS 23032 SNAPPER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Change Addition SD-Delete TITLE TITLE GANSKE, SHEREE NAME NAME STREET ADDRESS 23032 SNAPPER LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 imported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied, indicated on this report or supplemental rep of the corporation or the receiver or truster