

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90141 011 ***150.00

DOCUMENT # **A99000082697**

1. Entity Name

TROPICAL RIDER, INC.

(L)



DO NOT WRITE IN THIS SPACE

90148788

2. Principal Place of Business

85 INDUSTRIAL RD.

Suite, Apt. #, etc.

3. Mailing Address

85 INDUSTRIAL RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BIG PINE KEY, FL

City & State

BIG PINE KEY, FL

4. FEI Number

65-0961428

Applied For

Not Applicable

Zip

33043

Country

MONROE

Zip

33043

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GANSKE, SHEREE K

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

23032 SNAPPER LANE

City

CUDJOE KEY

FL

Zip Code

33042

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/D
GANSKE, SHEREE K.
23032 SNAPPER LANE
CUDJOE KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
GANSKE, RICHARD
23032 SNAPPER LANE
CUDJOE KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherree Ganske

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-872-0668

CR2ED34B (12/02)

Attachment#
90148788

July 30, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Tropical Rider, Inc.
Document #P99000082697

Gentlemen:

We have received a 2003 UBR Report indicating we had not paid our first Report by the May 1, 2003 due-date. We do not find where we received the first Report form; we have changed the address of our offices as shown on the enclosed UBR form and, per the recording which we reached at your phone number, we have enclosed our 2003 fee check in the amount of \$150.00. We respectfully request that the \$400.00 penalty be waived, and we will remit future years' forms when due.

Thank you in advance for your cooperation.

TROPICAL RIDER, Inc.



Sheree K. Ganske, President/Secretary
85 Industrial Rd.
Big Pine Key, FL 33043

encs: 2