

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # S73094

1. Entity Name

TROPICAL SEA PRODUCTS, INC.

02 MAY 22 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 96-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4181 14TH STREET NORTH P O BOX 7308

3. Mailing Address
P O BOX 7308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3084922

Applied For
Not Applicable

Zip
33703

Country
USA

Zip
33734

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LAWRENCE R. PETRIE

Street Address (P.O. Box Number is Not Acceptable)
4181 14TH STREET NORTH

City
ST. PETERSBURG

FL

Zip Code
33703

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

Lawrence R. Petrie

LAWRENCE R. PETRIE

Lawrence R. Petrie 4/30/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LAWRENCE R. PETRIE
4181 14TH STREET NORTH
ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100005665981

06/03/02-01087-033

***1650.00 ***1650.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence R. Petrie

LAWRENCE R. PETRIE

Lawrence R. Petrie 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #