| 2001 UNIFORM BUSINESS REPORT (UBR) | | | | | | Page lutz | | | | |
|--|--|---|-----------------------------------|-----------------------|---|---|------------------------------------|--------------------------|------------------------------|--|
| DOCUMENT # V66108 | | | | | | | | | | |
| Tropical Harbors. Inc. | | | | | | FILED | | | | |
| Principal Place of Business Mailing Address | | | | | | 01 FEB 23 AM 10: 07 | | | | |
| 1201 Hays Street Tallahassee. FL 32301 | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | - | | | - | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | | 4. FEI Number Applied For | | | | <u> </u> | |
| Zip Country | | Zip | Countr | гу | 5. Certificate of Status Desired \$8.75 Addition Fee Required | | | ditional | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name | e and Address of New | Registered Ag | ent | | |
| ** *. | | | | Name | د میداد سخید | en e | 76.4 | - | | |
| CORPORATION SERVICE COMPANY | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1201 Hays Street Tallahassee, FL 32301 | | | | | | 7 T T T T T T T T T T T T T T T T T T T | | | السفوق | |
| 141 | Tanassee, FL 32301 | Contract of the second | * | City | a se mesm ana | or section of | FL | Zip Cod | e . AU. | |
| 8. The above | named entity submits this statement for | the ourpose of changing its r | reaistere | d office or regist | tered agent. | or both, in the State of F | lorida. | ſ | | |
| Tax filing r | oration is eligible to satisfy its Intangible requirement and efects to do so. rria on back) | FILE NOWII After MAY 1, 200 Make Check Payabl | ii Fee v | vill be \$550.00 | January 1 | Election Campaign F Trust Fund Contribution | | | 0 May Be I to Fees | |
| 11. | OFFICERS AND | | 12. | | ADDITI | ONS/CHANGES TO OF | FICERS AND D | RECTOR | 5 IN 11 | |
| TITLE D | Patricia Pizzuto 1201 Hays Street | ☐ Delete | TITLE NAME | | | 500003 | | □ Change 5 3 5 | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 9 | | | T ADDRESS ST-ZIP | | | | | | |
| TITLE NAME D STREET ADDRESS | Judith Blancett 1201 Hays Street | ☐ Defete | TITLE NAME STREE | T ADDRESS | | | [| Change | Addition | |
| CITY-ST-ZIP | Tallahassee, FL 323 | | CITY-S | ST-ZIP | | | | 3 | | |
| TITLE NAME STREET ACCRESS CITY-ST-ZIP | ٠ | ☐ Delata | NAME STREET | T ADDRESS | ⋄ | | L | _ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS ST-ZIP | | | [| Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS | | | | Change | Addition | |
| TITLE . | | ☐ Delete | TITLE NAME | | | | ([|] Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | . 21, | STREET CITY-S | TADDRESS | , | | | Ą | • | |
| indicated | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, where the supplemental report is provided in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is supplemental report in the supplemental report in the supplemental report is suppleme | true and accurate and that my wered to execute this report a with all other like empowered. | y signatu is require | re shall have the | e same legal 07, Florida St | effect as if made under | oath; that I am le appears in B | an officer i | or director Block 12 if | |
| | | la Pizzuto | | | | | | | | |



ACCOUNT NO. : 072100000032

REFERENCE : 041412

4357259

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: February 22, 2001

ORDER TIME : 5:06 PM

ORDER NO. : 041412-015

CUSTOMER NO: 4357259

CUSTOMER: Ms. Laura R. Dunlap

Corporation Service Company

2711 Centerville Road

Suite 400

Wilmington, DE 19808

DOMESTIC FILINGS

NAME: TROPICAL HARBORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS