

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

DOCUMENT # V66108

1. Entity Name

TROPICAL HARBORS, INC.

FILED

02 JAN 18 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 HAYS STREET

3. Mailing Address
1201 HAYS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip
32301

Country
U.S.A.

Zip
32301

Country
U.S.A.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE,

FL

Zip Code
32301

**DO NOT WRITE
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100004785161--2

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
D
PATRICIA PIZZUTO
STREET ADDRESS
1201 HAYS STREET
CITY-STATE-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
D
JUDITH BLANCETT
STREET ADDRESS
1201 HAYS STREET
CITY-STATE-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME
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CITY-STATE-ZIP

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IN THIS SPACE**

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

SIGNATURE:

Patricia Pizzuto

Patricia Pizzuto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002

850-521-1000
Daytime Phone #

CR2E034B (12/01)



202

ACCOUNT NO. : 072100000032

REFERENCE : 748944 83246A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : January 18, 2002

ORDER TIME : 1:15 PM

ORDER NO. : 748944-005

CUSTOMER NO: 83246A

CUSTOMER: Ms. Debbie D. Skipper
Csc-tallahassee
P. O. Box 5828

Tallahassee, FL 32314

RECEIVED
02 JAN 18 PM 3:09
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: TROPICAL HARBORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____