2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Feb 13, 2002 8:00 am **DOCUMENT # 728231 Secretary of State** 1. Entity Name COCOA BEACH TOWERS MANAGEMENT, INC. 02-13-2002 90124 005 ****61.25 Principal Place of Business Mailing Address 220 YOUNG AVE 220 YOUNG AVE. COCOA BEACH FL 32931 COCOA BEACH FL 32931 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1568144 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHAPP, WILLIAM 630 S. BREVARD AVE #1131 COCOA BEACH FL 32931 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 ered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01 TITLE Change ☐ Addition ☐ Delete TITLE WOJEWODA, EUGENE NAME NAME 830 N ATLANTIC AVE #1604 **CR2E037** STREET ADDRESS STREET ADDRESS COCOA BEACH FL CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE Brad Kuhns 220 Young Ave, #14 Cocon Beach, FL 32931 CHAPP, WILLIAM NAME NAME 630 S BREVARD AVE., #1131 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Robert Weymouth 35 Parkwood Dr. = 103 Change Delete ☐ Addition TITLE TITLE PRYOR, JAMES NAME NAME 81 LOVE RD STREET ADDRESS STREET ADDRESS Augusta, ME 04330 **BRISTOL CT 06010** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE ETHERTON, RUTH NAME NAME 511 INVERNESS STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** CITY-ST-ZIP CITY-ST-ZIP Change VPD ☐ Addition ☐ Delete TITLE TITLE HUSSEY, ELIZABETH NAME . Name 1200 AUDUBON PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP [7] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of an address, with at other rise empowered.

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