

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90067 042 ***150.00

DOCUMENT # F01000004970

1. Entity Name
SURF ENTERPRISES, INC.

Principal Place of Business
**7190 LEEWARD ST.
 PORT SAINT JOE FL 32456**

Mailing Address
**7190 LEEWARD ST.
 PORT SAINT JOE FL 32456**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7190 Leeward Street
 Suite, Apt. #, etc.

3. Mailing Address
7190 Leeward St.
 Suite, Apt. #, etc.

City & State
Port Saint Joe, FL

City & State
Port Saint Joe FL

4. FEI Number
59-3584567

Applied For
 Not Applicable

Zip
32456 Country
US

Zip
FL 32456 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOMBATHY, JULIE A
 434 MAGNOLIA AVE.
 PANAMA CITY FL 32401**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DODSWORTH, SHERRI 7190 LEEWARD STREET PORT SAINT JOE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DODSWORTH, RODNEY 7190 LEEWARD STREET PORT SAINT JOE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherril Dodsworth* **SHERRI L. DODSWORTH** **AS PRESIDENT** **January 18, 2002** **850. 277. 5197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)