2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90072 037 ***150.00

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DOCUMENT # L50167 NC 8/3/19/03

1. Entity Name
FLORIDA BEST ACCOMODATIONS, INC.
Florida's Best Accomodations, Inc

Principal Place of Business	Mailing Address
~~20045 GULF BLVD.~~ INDIAN SHORES FL 34635	20045 GULF BLVD. INDIAN SHORES FL 34635

2. Principal Place of Business: 18610 GULF BLVD	3. Mailing Address: 15417 2ND St. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INDIAN Shores, Fl.	City & State: MADEIRA BEACH Fl.
Zip: 33785 Country: PINELLAS	Zip: Fl. 33708 Country: PINELLAS

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
O'NEAL, ROCK	Name: ROCK O'NEAL
~~14501 GULF BLVD.~~	Street Address (P.O. Box Number is Not Acceptable): 150 153rd AVE. # 203
~~MADEIRA BEACH FL 33708~~	City: MADEIRA BEACH FL Zip Code: 33708

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HIGGS, RICHARD D		NAME	15417 2ND St. E.	
STREET ADDRESS	~~20045 GULF BLVD.~~		STREET ADDRESS		
CITY-ST-ZIP	~~INDIAN SHORES FL~~		CITY-ST-ZIP	MADEIRA BEACH, Fl 33708	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BECKERMANN, GARY L		NAME	15417 2ND St. E.	
STREET ADDRESS	~~14401 GULF BLVD #303~~		STREET ADDRESS		
CITY-ST-ZIP	~~MADERIA BEACH FL~~		CITY-ST-ZIP	MADEIRA BEACH, Fl. 33708	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary L Beckermann 4/28/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)