

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90454 011 \*\*\*150.00

DOCUMENT # P02000108202



1. Entity Name  
SURF AND BUY, INC.

Principal Place of Business  
12620 KENWOOD LANE  
SUITE A  
FORT MYERS FL 33907  
US

Mailing Address  
12620 KENWOOD LANE  
SUITE A  
FORT MYERS FL 33907  
US



2. Principal Place of Business  
260 NAVARRE AVE  
Suite, Apt. #, etc.  
SUITE 10

3. Mailing Address  
SAME AS  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
CORAL GABLES

City & State

4. FEI Number  
43-1978338

Applied For  
Not Applicable

Zip  
33134

Country  
US

Zip

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**

SCHMITZ, JOSEPH  
12620 KENWOOD LANE  
SUITE A  
FORT MYERS FL 33907

Name  
SCHMITZ, JOSEPH  
Street Address (P.O. Box Number is Not Acceptable)  
260 NAVARRE AVE  
SUITE 10  
City  
CORAL GABLES FL Zip Code  
33134

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 *Joseph Schmitz* JOSEPH SCHMITZ CEO DATE 4-13-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PRUSS, ERIKA A	12620 KENWOOD LANE, SUITE A	FORT MYERS FL 33907	<input type="checkbox"/>
VP	SCHMITZ, JOSEPH A	12620 KENWOOD LANE, SUITE A	FORT MYERS FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	PRUSS, ERIKA A	260 NAVARRE AVE, SUITE 10	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CEO	SCHMITZ, JOSEPH A	260 NAVARRE AVE SUITE 10	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph Schmitz* JOSEPH SCHMITZ CEO DATE 4/13/03 305 569 3033  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/02)