

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90130 030 ***150.00

DOCUMENT # P94000091803

1. Entity Name
PLACIDA PERICO BAY, INC.

Principal Place of Business 5370 GULF OF MEXICO DRIVE STE 208 LONGBOAT KEY FL 34228	Mailing Address 5370 GULF OF MEXICO DRIVE STE 208 LONGBOAT KEY FL 34228-2047
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1543 2ND ST.	3. Mailing Address 1543 2ND ST.
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102

City & State SARASOTA FL	City & State SARASOTA FL
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4. FEI Number 59-3284017	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 34236	Country U.S.	Zip 34236	Country U.S.
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BREUER, ELIZABETH A.
5370 GULF OF MEXICO DRIVE
STE 208
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1543 2ND ST.
SUITE 102
 City **SARASOTA** **FL** Zip Code **34236**

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

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BREUER, ELIZABETH A. 5370 GULF OF MEXICO DR STE 208 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHACKLETT, SHARON A 5370 GULF OF MEXICO DR STE 208 LONGBOAT KEY 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1543 2ND ST. SUITE 102 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1543 2ND ST. SUITE 102 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Elizabeth A. Breuer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 **941-952-0533**
 Date Daytime Phone #

ELIZABETH A. BREUER

CR2E034 (9/99)