

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006302

1. Entity Name

KONA BEACH PROPERTIES, INC.

Principal Place of Business

10140 E. CO. HWY 30-A
SEACREST BEACH FL 32413

Mailing Address

P O BOX 1637
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32459

6. Name and Address of Current Registered Agent

MITCHELL, ELLIOTT
8713 ANCHORAGE DR
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name *Elliott Mitchell*

Street Address (P.O. Box Number is Not Acceptable)

10140 E. Co Hwy 30A - Unit 28

City *Seacrest Beach*

FL

Zip Code

32459

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **WEST, CLARK**
CITY-ST-ZIP **8713 ANCHORAGE DR**
DESTIN FL 32541

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MITCHELL, ELLIOTT**
CITY-ST-ZIP **8713 ANCHORAGE DR**
DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 2324**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 2324**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elliott Mitchell

Date

Daytime Phone #

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90040 029 ***150.00

715422



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3432027** Applied For ☐ Not Applicable ☐

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

0031224

CR2E034 (10/00)