

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90212 010 ***158.75

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DOCUMENT # **P98000002645**

1. Entity Name
GRANNY'S BEACH VACATION, INC.



Principal Place of Business
**409 PINE AVE.
ANNA MARIA FL 34216**

Mailing Address
**P.O. BOX 4121
ANNA MARIA FL 34216**

10066241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
720 HOLLY ROAD

Suite, Apt. #, etc.
P.O. Box 4121

City & State
ANNA MARIA, FL

City & State
ANNA MARIA, FL

4. FEI Number **65-0804899**

Applied For
Not Applicable

Zip Country
34216 U.S.A.

Zip Country
34216 U.S.A.

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAEBLER, PATRICIA
409 PINE AVE
ANNA MARIA FL 34216**

Name ~~same~~
Street Address (P.O. Box Number is Not Acceptable)
**720 HOLLY ROAD
ANNA MARIA FL 34216**

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: *Patricia E. Staebler*

DATE: **04-07-03**

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STAEBLER, PATRICIA E 720 HOLLY ROAD; PO BOX 4121 ANNA MARIA FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STAEBLER, HELMUT 702 HOLLY ROAD; PO BOX 4121 ANNA MARIA FL 34216 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information empowered.

SIGNATURE: *Patricia E. Staebler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04-07-03** Daytime Phone #: **941-778-0123**

CR2E034 (10/02)