2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90146 021 ***150.00

DOCUMENT # V07179

1. Entity Name

BOB & PAULA'S SURF SHOP, INC.

Principal Place of Business	Mailing Address
5955 HILLCREST MEDFORD OR 97504 US	350 N CAUSEWAY NEW SMYRNA BEACH FL 32169-5233 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
110 HEATHERWOOD DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKFIELD CT	City & State
Zip: 06804 · Country	Zip · Country

4. FEI Number 59-3126697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BELOTE, CHARLES L
350 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, PAULA 5955 HILLCREST MEDFORD OR ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 110 HEATHERWOOD DR BROOKFIELD CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANDT, ROBERT C. 5955 HILLCREST MEDFORD OR ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 110 HEATHERWOOD DR. BROOKFIELD CT 06804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: X Robert C. Brandt ROBERT C. BRANDT — 4-10-00 — 203 740-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #