

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40597

1. Entity Name

HALF MOON BAY TRADING COMPANY

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90098 012 ***150.00

Principal Place of Business

Mailing Address

BISHOPGATE LANE
JACKSONVILLE FL 32204

500 BISHOPGATE LANE
JACKSONVILLE FL 32204-4111
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3128304**

Applied For

Not Applicable

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

NOE, WILLIAM G., JR.
599 ATLANTIC BLVD.
S-6
ATLANTIC BCH. FL 32233

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 **PD** ☐ Delete
NAME **SHEPARD, ROBIN**
STREET ADDRESS **73 DEWEES ST.**
CITY-ST-ZIP **ATLANTIC BCH. FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2077 Beach Avenue**
CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE **VSD** ☐ Delete
NAME **NUIJENS, THOMAS F.**
STREET ADDRESS **132 12TH AVE.**
CITY-ST-ZIP **JACKSONVILLE BCH. FL**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32250**

TITLE **VTD** ☐ Delete
NAME **HITE, JEFFREY A.**
STREET ADDRESS **122 6TH ST.**
CITY-ST-ZIP **ATLANTIC BCH. FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1075 Seminole Road**
CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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:

Jeffrey A. Hite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Hite 2/25/00

Date

Daytime Phone #

904-359-0981

CR2E034 (9/99)