

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 005 ***150.00

DOCUMENT # **V40597**

1. Entity Name

HALF MOON BAY TRADING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 Mayport Road

Suite, Apt. #, etc.

3. Mailing Address

PO Box 330718

Suite, Apt. #, etc.

ATLANTIC BEACH, FL 32233

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

Zip

32233

Country

USA

4. FEI Number

59-3128304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRANT-Abraham-Reiter-McCormick-PA

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

50 North LAURA St.

Suite 2750

City

JACKSONVILLE

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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

BRANT-Abraham-Reiter-McCormick, V.P. **3-14-02**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
ROBIN W. SHEPHERD
2077 BEACH AVE.
ATLANTIC BEACH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
THOMAS F. NUIJENS
132 12th AVE South
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECT. TREASURE
JEFFREY A. HITE
1075 SEMINOLE RD.
ATLANTIC BEACH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02 **904 246 9439**

Date

Daytime Phone #

CR2E034B (12/01)