

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90001 008 ***550.00

0134533 AT

DOCUMENT # 516667

1. Entity Name

SURFSIDE MOTORS, INC.

Principal Place of Business

**7459 STATE ROUTE 309
GALION OH 44833
US**

Mailing Address

**PO BOX 850
GALION OH 44833****B0060193**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1695616

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, CLAUDE A JR
ONE SEASIDE LANE
UNIT 302
BELLEAIR FL 34616**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	STD	☐ Delete
NAME	SMITH, CLAUDE A JR	
STREET ADDRESS	ONE SEASIDE LANE UNIT 302	
CITY-ST-ZIP	BELLEAIR FL 33756	

TITLE	PD	☐ Delete
NAME	SMITH, CRAIG A	
STREET ADDRESS	2356 WOODLAND PARK DRIVE	
CITY-ST-ZIP	MANSFIELD OH 44906	

TITLE	D	☐ Delete
NAME	SMITH, GERALDINE C.	
STREET ADDRESS	ONE SEASIDE LANE UNIT 302	
CITY-ST-ZIP	BELLEAIR FL 34616	

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		
CITY-ST-ZIP		

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

TITLE		☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**CRIG A SMITH** *per* 7/12/01 419-462-1746

Date

Daytime Phone #

CR2E034 (5/01)