

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516667

Entity Name
SURFSIDE MOTORS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90154 026 ***150.00

Principal Place of Business
7459 STATE ROUTE 309
GALION OH 44833
US

Mailing Address
PO BOX 850
GALION OH 44833

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1695616 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

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

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, 2002 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

NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
STD SMITH, CLAUDE A JR	ONE SEASIDE LANE UNIT 302	BELLEAIR FL 33758	☐
PD SMITH, CRAIG A	2356 WOODLAND PARK DRIVE	MANSFIELD OH 44906	☐
D SMITH, GERALDINE C.	ONE SEASIDE LANE UNIT 302	BELLEAIR FL 34616	☐
			☐
			☐
			☐

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)