

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 532224

1. Entity Name
SURF AND SAND, INC.

Principal Place of Business Mailing Address
14601 Gulf Blvd. 14601 Gulf Blvd.
Madeira Beach, FL 33708 Madeira Beach, FL 33708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-1738986

Not Applicable

Zip

Country

Zip

Country

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

VICTOR RAY CULBERSON

14601 Gulf Blvd.
Madeira Beach, FL 33708

Name

ROBERT E. WHARRIE

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

5503 38th Avenue North

City

St. Petersburg

FL

Zip Code

33710

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 **ROBERT E. WHARRIE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 10, 2000

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 **P/D** ☒ Delete
NAME **WILLIAM WEBER**
STREET ADDRESS **7181 Hidden Acres Way**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE **T/S/D** ☒ Delete
NAME **VICTOR RAY CULBERSON**
STREET ADDRESS **7181 Hidden Acres Way**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/T/S/D** ☐ Change ☒ Addition
NAME **STEWART J. SHRIVER**
STREET ADDRESS **11500 Gulf Blvd.**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Change ☐ Addition
NAME **500003179105--1**
STREET ADDRESS **-03/22/00--01013--008**
CITY-ST-ZIP ******158.75 ****158.75**

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

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:

STEWART J. SHRIVER

(727) 360-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Director

Daytime Phone #

CR2E034 (9/99)