

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 668499**

1. Entity Name

PORTSIDE SAILING RENTALS, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90315 045 ***150.00

Principal Place of Business

2920 WESTFIELD ROAD
GULF BREEZE FL 32561
US

Mailing Address

2920 WESTFIELD ROAD
GULF BREEZE FL 32561
US**C0039956**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3023 WESTFIELD RD

Suite, Apt. #, etc.

3. Mailing Address

3023 WESTFIELD RD

Suite, Apt. #, etc.

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

Zip

32561

Country

US

Zip

32561

Country

US4. FEI Number **59-1992776**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RENBARGER, TONY
3370 LEMMINGTON RD.
PENSACOLA FL 32504

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RENBARGER, ANNETTE | |
| STREET ADDRESS | 3370 LEMMINGTON RD. | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | POHLMANN, ROBERT L. | |
| STREET ADDRESS | 1447 EL SERENO CIRCLE | |
| CITY-ST-ZIP | GULF BREEZE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | POHLMANN, JOHANNA | |
| STREET ADDRESS | 1447 EL SERENO CIRCLE | |
| CITY-ST-ZIP | GULF BREEZE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RENBARGER, TONY | |
| STREET ADDRESS | 3370 LEMMINGTON RD. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **TONY RENBARGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)