

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90104 007 ***150.00

DOCUMENT # 671551

1. Entity Name
BUCK'S SURF & SPORT, INC.

Principal Place of Business

**45-A VIA DE LUNA DRIVE
 GULF BREEZE FL 32561**

Mailing Address

**P.O. BOX 724
 GULF BREEZE FL 32561**

2. Principal Place of Business

45-A Via De Luna

3. Mailing Address

**SAME AS
 LOCATION**

City & State

Pensacola, FL

City & State

FL

4. FEI Number

59-2014418

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

32561

Country

USA

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

6. Name and Address of Current Registered Agent

**PALMER, RAYMOND B
 913 GULF BREEZE VILLAGE
 SUITE 41, HARBORTOWN VILLAGE
 GULF BREEZE FL 32561**

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, 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

TITLE **P** ☒ Delete
 NAME **CRANFORD, STEPHEN S**
 STREET ADDRESS **P.O. BOX 724**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **HAL S. LOVATO**
 STREET ADDRESS **1215 E. JACKSON**
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **HOLLY L. LOVATO**
 STREET ADDRESS **1215 E. JACKSON ST.**
 CITY-ST-ZIP **Pensacola FL 32501**

TITLE **VP** ☐ Change ☒ Addition
 NAME **SCOTT RIED**
 STREET ADDRESS **45-A Via De Luna**
 CITY-ST-ZIP **Pensacola Bch, FL 32561**

TITLE ☐ Change ☐ Addition
 NAME
 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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

HAL S. LOVATO

4/30/02

8509322290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)