

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91625 038 ****61.25

DOCUMENT # 712468

1. Entity Name

INLET BEACH WATER SYSTEM, INC.

Principal Place of Business

Mailing Address

**149 CARSON LANE
 PANAMA CITY BEACH FL 32413
 US**

**149 CARSON LANE
 PANAMA CITY BEACH FL 32413
 US**

2. Principal Place of Business

3. Mailing Address

149 CARSON LANE

149 CARSON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH FL

Zip

32413

Country

WALTON

Zip

32413

Country

WALTON

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**MITCHELL, BOB
 7015 S LAGOON DR
 PANAMA CITY FL 32408**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **ROBERTS, PAUL CRAIG**
 STREET ADDRESS **169 POMPANO ST**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

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

TITLE **VD** ☐ Delete
 NAME **WOOD, JACK**
 STREET ADDRESS **114 LAKEVIEW DR**
 CITY-ST-ZIP **HEFLIN AL 32664-1620**

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

TITLE **D** ☐ Delete
 NAME **MITCHELL, BOB**
 STREET ADDRESS **7015 S LAGOON DR**
 CITY-ST-ZIP **PANAMA CITY FL 32408**

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

TITLE **D** ☐ Delete
 NAME **GARNER, TERRY**
 STREET ADDRESS **236 W PARK PLACE**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

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

TITLE **D** ☐ Delete
 NAME **JONES, PATRICK DR**
 STREET ADDRESS **PO BOX 813**
 CITY-ST-ZIP **DOTHAN AL 36302**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-11-02

**850
 231-4498**

CR2E037 (9/01)