

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90687 043 \*\*\*\*61.25

0059501

DOCUMENT # 720457

1. Entity Name

ST. AUGUSTINE SHORES SERVICE CORPORATION

Principal Place of Business

Mailing Address

790 CHRISTINA DR.  
ST AUGUSTINE FL 32086

790 CHRISTINA DR.  
ST AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1385598

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

Name

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

City

FL

Zip Code

SMITH, JOSEPH H III  
790 CHRISTINA DR.  
ST. AUGUSTINE FL 32086

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 VP  
NAME RACICOT, PAUL  
STREET ADDRESS 652 CHRISTINA DRIVR  
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE PR  
NAME PALMER, ROLAND  
STREET ADDRESS 658 E. BIANCA CIRCLE  
CITY-ST-ZIP St. AUGUSTINE FL 32086 ☐ Change ☒ Addition

TITLE S  
NAME WESLEY, SCOTT  
STREET ADDRESS 758 MEDINA WESLEY  
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE T  
NAME TARRANT, ROBERT  
STREET ADDRESS 916 ALCALA DR.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Change ☒ Addition

TITLE T  
NAME SMITH, DERRICK  
STREET ADDRESS 422 CASSANDRA LANE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☒ Delete

TITLE D  
NAME SUTTELLE, DAN  
STREET ADDRESS 1066 ALCALA DR. St. AUGUSTINE FL 32086 ☐ Change ☒ Addition

TITLE D  
NAME ESSER, RUDOLPH  
STREET ADDRESS 833 RITA CIRCLE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☐ Delete

TITLE S  
NAME ESSER, RUDOLF  
STREET ADDRESS 833 RITA CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Change ☐ Addition

TITLE D  
NAME RENY, NORMAN  
STREET ADDRESS 910 ALCALA DR  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE VP  
NAME RENY, NORMAN  
STREET ADDRESS 910 ALCALA DR.  
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Change ☐ Addition

TITLE D  
NAME HANKERSON, CLARENCE  
STREET ADDRESS 1040 GRECO RD  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☒ Delete

TITLE D  
NAME BRANNON, TERRY  
STREET ADDRESS 630 E BIANCA CIRCLE  
CITY-ST-ZIP St. AUGUSTINE FL 32086 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/02 (904) 797-6441

CR2E037 (9/01)