

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90161 048 ***150.00

DOCUMENT # F97000000712

1. Entity Name

SURFER ROSA PROPERTIES LIMITED INCORPORATED

Principal Place of Business

Mailing Address

~~1858 RINGLING BLVD~~
~~SARASOTA FL 34236~~

~~1858 RINGLING BLVD~~
~~SARASOTA FL 34236~~

B0030003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 S. Tamiami Tr.

3. Mailing Address

2100 S. Tamiami Tr.

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

59-3130155

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

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

~~GLENDINNING, BENE M~~
~~1858 RINGLING BLVD.~~
~~SARASOTA FL 34236~~

Name **Margaret Shoaf**

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

2100 South Tamiami Trail

Suite 200

City

Sarasota

FL

Zip Code

34239

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

Margaret Shoaf

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

(NOTE: Registered Agent signature required when reinstating)

03-12-01

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 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 **D** ☒ Delete
NAME **COSIGN SERVICES LIMITED**
STREET ADDRESS **COMMERCE HOUSE, ST. PETER POINT, GUERNSEY**
CITY-ST-ZIP **CHANNEL ISLANDS**

TITLE **M** ☒ Change ☐ Addition
NAME **KENNETH GEORGE WILKINS**
STREET ADDRESS **CHEMIN DE MESSIDOR 4**
CITY-ST-ZIP **1006 LAUSANNE, SWITZERLAND**

TITLE **S** ☒ Delete
NAME **COSIGN LIMITED**
STREET ADDRESS **COMMERCE HOUSE, ST. PETER POINT, GUERNSEY**
CITY-ST-ZIP **CHANNEL ISLANDS**

TITLE **S** ☒ Change ☐ Addition
NAME **JAVETTE EDITH WILKINS**
STREET ADDRESS **CHEMIN DE MESSIDOR 4**
CITY-ST-ZIP **1006 LAUSANNE, SWITZERLAND**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **DINAH JANE WILKINS**
STREET ADDRESS **PALFREY, CHAPEL LANE**
CITY-ST-ZIP **FERNHAM, OXON SN7 7PE**
UNITED KINGDOM

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

K.G. Wilkins (K.G. WILKINS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.27.01

Date

(941) 383-7996

Daytime Phone #

CR2E034 (10/00)