


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90128 005 ***150.00

DOCUMENT # F99000004329	
1. Entity Name Souvenir City of Perdido Key, Inc.	

DO NOT WRITE IN THIS SPACE

24045596

2. Principal Place of Business 14550 Perdido Key Drive	3. Mailing Address 14550 Perdido Key Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Perdido Key, FL	City & State Perdido Key, FL	4. FEI Number 62-1420709	Applied For <input type="checkbox"/> Not Applicable
Zip 32507	Country	Zip 32507	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andre W Franklin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Franklin, George 14550 Perdido Key Drive Perdido Key, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Franklin, Andrea 14550 Perdido Key Drive Perdido Key, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andre W Franklin* ANDREA FRANKLIN 4/14/04 (251) 974-1658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)