

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91563 045 ***150.00

DOCUMENT # **G 24530**
1. Entity Name
Giuseppi's Wharf, Inc.

042000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 821 Bayshore Drive Suite, Apt. #, etc.		3. Mailing Address 821 Bayshore Drive Suite, Apt. #, etc.	
City & State Niceville, FL 32578		City & State Niceville, FL	
Zip 32578	Country	Zip 32578	Country

4. FEI Number
592308093

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

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7- Name and Address of Current Registered Agent

Name
Parmer, Hugh K. III

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

City
Niceville FL Zip Code
32578

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PD Parmer, Hugh K. III 4029 Drifting Sand Trail Destin, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Heft, Robert G III 2009 Jessica Way NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, and all other like empowered.

SIGNATURE: **Robert G. Heft III** **4/16/02** **(850)651-7052**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)