

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90231 029 ***150.00

DOCUMENT # L36744

1. Entity Name
SUMMERTIME BEACH SERVICE, INC.

Principal Place of Business
1416 LEWIS STREET
OFFICE 201
FERNANDINA BEACH FL 32034
US

Mailing Address
1416 LEWIS STREET
OFFICE 201
FERNANDINA BEACH FL 32034
US

2. Principal Place of Business
1416 LEWIS STREET
 Suite, Apt. #, etc.
Suite # 101
 City & State
FERNANDINA BEACH FL
 Zip
32034
 Country
U.S.A.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2981056**

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

MERLINI, JOSEPH C JR
1416 LEWIS STREET
SUITE #201
FERNANDINA BEACH FL 32034

Name **MERLINI, JOSEPH C. JR.**
 Street Address (P.O. Box Number is Not Acceptable)
1416 LEWIS ST.
Suite # 101
 City **FERNANDINA BEACH FL** Zip Code **32034**

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 *Joseph C. Merlini Jr*

1-16-01

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) ☐

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	P	<input type="checkbox"/> Delete
NAME	MERLINI, JOSEPH C JR	
STREET ADDRESS	1416 LEWIS ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph C. Merlini Jr* **JOSEPH C. MERLINI JR.** (904) 277-4830
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1-16-01** Daytime Phone #

CR2E034 (10/00)