

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36744

1. Entity Name

SUMMERTIME BEACH SERVICE, INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90112 022 \*\*\*150.00

0002782 AV

Principal Place of Business

1416 LEWIS STREET  
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 ST.  
Suite, Apt. #, etc.  
SUITE 101

3. Mailing Address

1416 LEWIS ST.  
Suite, Apt. #, etc.  
SUITE 101

City & State

FERNANDINA BEACH FL

City & State

FERNANDINA BEACH FL

Zip

32034

Country

USA

Zip

32034

Country

USA

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

MERLINI, JOSEPH C JR  
1416 LEWIS STREET  
STE 107  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name MERLINI, JOSEPH C. JR.  
Street Address (P.O. Box Number is Not Acceptable)  
1416 LEWIS STREET  
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. Joseph C Merlini Jr 1-25-02  
(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, 2002 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

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		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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. 1-25-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)