

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2000 8:00 am**
Secretary of State

04-11-2000 90214 010 ***150.00

DOCUMENT # L50275

1. Entity Name

SALTY DOGS OF SANTA ROSA BEACH, INC.

Principal Place of Business

Mailing Address

**3711 W. CR 30A
SANTA ROSA BEACH FL 32459****P O BOX 4633
SANTA ROSA BEACH FL 32459-4633**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2935568

Applied For

Not Applicable

Zip

Country

Zip

Country

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****SMITH, WILLIAM G
HWY 30A & VICKY ST
SANTA ROSA BEACH FL 32459**Name **JANSSEN, PATRICIA P**Street Address (P.O. Box Number is Not Acceptable)
44 VICKI ST.City **SANTA ROSA BEACH****FL**Zip Code **32459**

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

X Patricia P Janssen PATRICIA P JANSSEN**4-7-00**

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	D	SMITH, WILLIAM G	P O BOX 4633 N/A SANTA ROSA BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	JANSSEN, PATRICIA P	ROUTE 2 BOX 2504 SANTA ROSA BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: **X Patricia P Janssen****PATRICIA P JANSSEN**

Date

Daytime Phone #

4-7-00**850-267-2979**

CR2E034 (9/99)