

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-27-2002 90466 048 ****61.25
 07-09-2002 90027 021 ****61.25

DOCUMENT # NO1000004806

1. Entity Name

FLAGLER BEACH MAIN STREET, INC.

Principal Place of Business

**200 SOUTH A1A
 SUITE #4
 FLAGLER BEACH FL 32136**

Mailing Address

**200 SOUTH A1A
 SUITE #4
 FLAGLER BEACH FL 32136**

2. Principal Place of Business

3. Mailing Address

312 N. 12TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLAGLER BEACH, FL

4. FEI Number

31-1784703

Applied For

Not Applicable

Zip

Country

Zip

Country

32136

FLAGLER

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

**CLEMONS, RICHARD L
 1743 WINDSONG CIRCLE
 FLAGLER BEACH FL 32136**

Name

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

312 N. 12TH STREET

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.

SIGNATURE

Richard Clemons

RICHARD CLEMONS

July 1, 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, RICHARD 200 SOUTH A1A, SUITE #4 FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD STOKES, LEA 406 OCEAN MARINA DRIVE FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMONS, REGINA 1743 WINDSONG CIRCLE FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD JOY MCGREW 1724 S. FLAGLER AVE. FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	312 N. 12TH STREET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Richard Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02

Daytime Phone #

CR2E037 (9/01)