


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000004521**

1. Entity Name  
**SPECIAL EVENTS FOR MEXICO BEACH, INC.**



90140606

Principal Place of Business PEGGY WOOD P O BOX 13382 MEXICO BEACH, FL 32410	Mailing Address PEGGY WOOD P O BOX 13382 MEXICO BEACH, FL 32410
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3643163</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, PEGGY**  
**105 N 31 STREET**  
**MEXICO BEACH, FL 32410**

7. Name and Address of New Registered Agent

NAME \_\_\_\_\_  
 STREET ADDRESS (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (MORE: Registered Agent's signature optional when reappointing) DATE \_\_\_\_\_

<b>FILE NOW (FEE) \$5.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable To: <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowered.

SIGNATURE *Peggy S. Wood* **6-30-03 850 648-8196**  
(MAY BE PRINTED OR TYPED NAME OF BOARD OFFICER OR DIRECTOR) Date Digital Photo ?

CR2007 (10/02)