

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90004 020 ***150.00

0092334 AV

DOCUMENT # P00000026330

1. Entity Name

PORPOISE INN, INC.

Principal Place of Business

**609 CYPRESS AVENUE
CLEARWATER FL 33767**

Mailing Address

**P.O. BOX 3073
CLEARWATER FL 33767**

AUG 10 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

609 Cyprus Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638476

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

**HIDU, MARY T
609 CYPRESS AVENUE
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name

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

609 Cyprus Ave

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **HIDU, MARY T**
STREET ADDRESS **P.O. BOX 3073**
CITY-ST-ZIP **CLEARWATER FL 33767**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

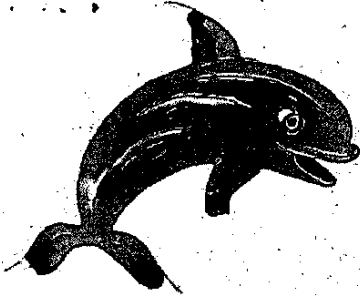
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: **Mary T Hidu**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/14/01**
Date**727-442-2022**
Daytime Phone #

CR2E034 (5/01)

Attached
P00000026330

ADD 75731



THE PORPOISE INN, INC.

609 CYPRUS AVE.
CLEARWATER BEACH, FL. 33767
TEL: (727) 442 2022 FX: (727) 442 8396
RESERVATIONS: 888 441 2022
WEB: www.porpoiseinn.com
email: porpoiseinn@pinellas.com

July 14, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

I am in receipt of your 2001 Uniform Business Report form. After reading "Frequently Asked Questions" it occurred to me that this was a second notice for payment.

Since I had not received the first notice, I called your office at 850-488-9000. Your representative Marie told me to write to you explaining the situation and enclose a check in the amount of \$150.00 for the fee.

Porpoise Inn, Inc. was incorporated here in the State of Florida on March 8, 2000 under document #P00000026330.

Sincerely,

Mary Theresa Hidu
President