

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000047497

1. Entity Name
100 BEACH DRIVE, INC.

Principal Place of Business Mailing Address
100 BEACH DR SE, SUITE 402 ONE BEACH DR SE, SUITE 402
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701

Principal Place of Business Mailing Address

City, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3646339 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORTELL, ROBERT
100 BEACH DRIVE, STE 402
ST PETERSBURG FL 33701
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
SIGNATURE *Robert Mortell* Robert Mortell 02-19-04
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MORTELL, ROBERT 100 BEACH DRIVE, STE 402 ST PETERSBURG FL 33701 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 000000001068 02/23/04-B0187-020 150.00
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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