FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91209 009 ***150.00

DOCUMENT # P00000056012

1. Entity Name
SEASONAL RESORT SERVICES, INC.

675122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1834 Main Street	1834 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL 34236	City & State: Sarasota, FL 34236
Zip: 34236 Country: USA	Zip: 34236 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1015718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alexander G. Paderewski, Esquire

Street Address (P.O. Box Number is Not Acceptable): 1834 Main Street

City: Sarasota FL Zip Code: 34236

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 Kristopher Knop, President (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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Kristopher Knop
STREET ADDRESS	404 Bayshore Drive
CITY-ST-ZIP	Venice, FL 34285

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Kristopher Knop, President 941-484-3174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #