

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90311 031 ***150.00

DOCUMENT # P00000067843

1. Entity Name

SURFCOAST ENTERPRISES, INC.



Principal Place of Business

**7198 A1A SOUTH
ST. AUGUSTINE FL 32080**

Mailing Address

**7198 A1A SOUTH
ST. AUGUSTINE FL 32080**

2. Principal Place of Business

5288 Cedar Rd

3. Mailing Address

5288 Cedar Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St Augustine FL

City & State
St Augustine, FL

4. FEI Number
59-3658013

Applied For

Not Applicable

Zip
32080

Country
USA

Zip
32080

Country
USA

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

**SECHSER, JOHN
7198 A1A SOUTH
ST. AUGUSTINE FL 32080**

Name

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

5288 Cedar Rd

City

St Augustine

FL

Zip Code

32080

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

John Sechser

JOHN SECHSER, PRES.

1-25-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SECHSER, JOHN**
STREET ADDRESS **7198 A1A SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **P/TREAS** ☒ Change ☐ Addition
NAME **SECHSER, JOHN**
STREET ADDRESS **5288 Cedar Rd**
CITY-ST-ZIP **St Augustine, FL 32080**

TITLE **VP** ☐ Delete
NAME **SECHSER, CAROLYN**
STREET ADDRESS **7198 A1A SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **VP/SEC** ☒ Change ☐ Addition
NAME **SECHSER, CAROLYN**
STREET ADDRESS **5288 Cedar Rd**
CITY-ST-ZIP **St Augustine, FL 32080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 607, 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:

SIGNATURE REQUIRED

JOHN SECHSER 1-25-03

Date

Daytime Phone #

CR2E034 (10/02)