

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079239

1. Entity Name

SEARS' MARKET ON THE ISLAND, INC.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90057 006 \*\*\*150.00

Principal Place of Business

Mailing Address

655 PENSACOLA BEACH BOULEVARD  
PENSACOLA BEACH FL 32561

655 PENSACOLA BEACH BOULEVARD  
PENSACOLA BEACH FL 32561

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

59-3664541

Applied For

Not Applicable

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

SEARS, JERRY D JR.  
655 PENSACOLA BEACH BOULEVARD  
PENSACOLA BEACH FL 32561

Name

Jerry D Sears Jr

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

6913 Sea Bass Cr

City

NAYARRE

FL

Zip Code

32566

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

Jerry D Sears Jr

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
SEARS, JERRY D JR.  
655 PENSACOLA BEACH BOULEVARD  
PENSACOLA BEACH FL 32561 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

850 916-7192

Daytime Phone #

CR2E034 (10/00)