07-16-2002 15:26 19122330375 JAY TURNER & A

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90103 039 ***550.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000090176

1. Entity Name
SURFSIDE RESORT AND SUITES, INC.

Principal Place of Business	Mailing Address
1246 SULTAN CIRCLE OVIEDO FL 32766	1246 SULTAN CIRCLE OVIEDO FL 32766

2. Principal Place of Business	3. Mailing Address
251 S. Atlantic	251 S ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH, FL	City & State: ORMOND Bch FL
Zip: 32176 Country: USA	Zip: 32176 Country: US

4. FEI Number 59-3686624 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~BURSEY, JO~~
~~1246 SULTAN CIRCLE~~
~~CHULUOTA FL 32766~~

7. Name and Address of New Registered Agent

Name: JAY TURNER
Street Address (P.O. Box Number is Not Acceptable): 251 S ATLANTIC AVE
City: ORMOND Beach FL Zip Code: 32176

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 $150.00

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	~~DPTS~~ ~~BURSEY, JO~~ ~~1246 SULTAN CIRCLE~~ ~~OVIEDO FL 32766~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TURNER, JAY 1246 SULTAN CIRCLE OVIEDO FL 32766 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 251 S. ATLANTIC AVE ORMOND BEACH FL 32176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] Surfside Resort & Suites JAY TURNER — 05/01/02 — 386-673-851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #