

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90064 025 ***158.75

DOCUMENT # P00000097404

1. Entity Name
MAIDS OF FT. WALTON, INC.



Principal Place of Business
700 BEAL PARKWAY 700
SUITE B A
FT. WALTON BEACH FL 32547

Mailing Address
722 700 BEAL PARKWAY
SUITE B A
FT. WALTON BEACH FL 32547



2. Principal Place of Business
722-A Beal Parkway N.W.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Ft. Walton Beach, FL
Zip
32547
Country
USA

City & State
Zip
Country

4. FEI Number
59-3677800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KERSHAW, THOMAS E
700 BEAL PARKWAY 700
SUITE B A
FT. WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
722-A Beal Parkway N.W.
City **Ft. Walton Beach** **FL** Zip Code **32547**

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 **Thomas E. Kershaw**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

158.75 enclosed

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	KERSHAW, THOMAS E	8156 LUCERNE STREET	NAVARRE FL 32566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **Thomas E. Kershaw**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03 (850) 864-1225
Date Daytime Phone #

CR2E034 (10/02)