

05-02-2002 90047 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013170
 1. Entity Name
 Giuseppe's Wharf of Shalimar, Inc.

30375

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 1176 N. Eglin Parkway Suite, Apt. #, etc.		3. Mailing Address 2009 Jessica Way Suite, Apt. #, etc.		4. FEI Number 59-3696422		Applied For Not Applicable	
City & State Shalimar, FL		City & State Navarre, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32579	Country	Zip 32546-2947	Country				

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Heft, Robert G. III
 Street Address (P.O. Box Number is Not Acceptable): 1176 N. Eglin Parkway
 City: Shalimar FL Zip Code: 32579

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

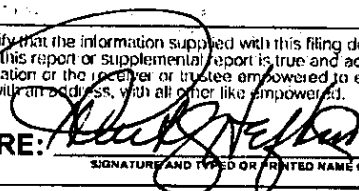
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 NAME STREET ADDRESS CITY-ST-ZIP	D Parmer, Hugh K. III 4029 Drifting Sand Trail Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heft, Robert G. III 2009 Jessica Way Navarre, FL 32546-2947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:  ROBERT G. HEFT III 4/16/02 (850) 651-7052

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

CR2E034B (12/01)