

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90020 041 \*\*\*150.00

**DOCUMENT # P01000070812**

1. Entity Name

**A TASTE OF OUR BEACH, INC.**

Principal Place of Business

**6035 ESTRO BLVD.**  
**FORT MYERS BEACH FL 33931**

Mailing Address

**6035 ESTRO BLVD.**  
**FORT MYERS BEACH FL 33931**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**05-1133804**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHENKO, WILLIAM E JR**  
**2801 ESTERO BLVD., SUITE C**  
**FT. MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name

**Jessica L. Titus**

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

**6035 ESTERO BLVD.**

City

**Ft. Myers Beach**

FL

Zip Code  
**33931**

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 reinstalling)

DATE

**Jessica L. Titus****1/13/02**
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, 2002 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TITUS, JESSICA L</b>	NAME	
STREET ADDRESS	<b>300 SEMINOLE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS BEACH FL 33931</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TITUS, VINCENT E</b>	NAME	
STREET ADDRESS	<b>300 SEMINOLE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS BEACH FL 33931</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

Date

Daytime Phone #

**Jessica L. Titus****1/13/02****941-463-0000**

CR2E034 (9/01)