

2002 UNIFORM BUSINESS REPORT (UBR)

0048951 AV

CR2E034 (9/01)

DOCUMENT # P01000081371

1. Entity Name
SEACREST BEACH REALTY, INC.

FILED

02 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10140 EAST COUNTY HIGHWAY 30-A
PANAMA CITY BEACH FL 32413

Mailing Address
10140 EAST COUNTY HIGHWAY 30-A
PANAMA CITY BEACH FL 32413

2. Principal Place of Business 67 SEACREST BEACH BLVD. EAST Suite, Apt. #, etc.		3. Mailing Address 5399 E. COUNTY HWY 30A Suite, Apt. #, etc. BOX 190	
City & State PANAMA CITY BEACH, FL		City & State SEAGROVE BEACH, FL	
Zip 32413	Country WALTON	Zip 32459	Country WALTON

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEST, H. CLARK
10140 EAST COUNTY HIGHWAY 30-A
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name
PETER J. BARTON

Street Address (P.O. Box Number is Not Acceptable)
5399 E. COUNTY HWY 30-A, BOX 190

City
SEAGROVE BEACH FL Zip Code
32459

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 Peter J. Barton (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, H. CLARK 3000 BAY VILLAS DRIVE DESTIN FL 32550 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, G. ELLIOTT 3000 BAY VILLAS DRIVE DESTIN FL 32550 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V, S, T PETER J. BARTON 5399 E. COUNTY HWY 30-A, BOX 190 SEAGROVE BEACH, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PETER J. BARTON, PRESIDENT APRIL 25, 02 850-231-3700

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