

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90177 025 \*\*\*150.00

**DOCUMENT # P01000092856**

1. Entity Name

TOTEM BY THE SEA INC. ✓

Principal Place of Business

1944 SE PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952

Mailing Address

1944 SE PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952

40962

2. Principal Place of Business

249 NW Goldcoast Ave PO Box 880638  
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 880638  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie FL

Zip

34983

Country

City & State

Port St Lucie FL

Zip

34988

Country

4. FEI Number

59-3746686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LITTLE, KATHIE B  
 249 NW GOLDCOAST AVE.  
 PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00.**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, KATHIE B 249 NW GOLDCOAST AVE. PORT ST. LUCIE FL 34952 <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
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	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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: SKAGG, KATHIE B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

7-24-02

Date

772 8784771

Daytime Phone #

*All attachment*

40962

PO1000092856

July 12, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Totem By the Sea Inc 59-3746686

To Whom it May Concern:

We would like to request that you waive the late filing fee of \$550, for Totem By The Sea Inc. We are a new corporation and have not received any prior notices of filing this report. Enclosed is a check for \$150 for the original filing fee. We thank you for your cooperation.

Sincerely,

*Kathie Little*

Kathie Little  
President