

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90791 030 ***150.00

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DOCUMENT # P02000036514

1. Entity Name

SURFSIDE CHEMICALS, INC.



Principal Place of Business

1093 A1A BEACH BLVD. #441
ST. AUGUSTINE FL 32080

Mailing Address

1093 A1A BEACH BLVD. #441
ST. AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

1093 A1A BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#441

#441

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

Zip

32080

Country

USA

Zip

32080

Country

USA

4. FEI Number

74-3037765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATT, BENJAMIN L
403 ANASTASIA BLVD
ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name

JOHN HONNEN

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

1093 A1A BEACH BLVD #441

City

ST AUGUSTINE

FL

Zip Code

32080

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

John Honnen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HONNEN, JOHN A	
STREET ADDRESS	2320 COMMODORES CLUB BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	V	<input type="checkbox"/> Delete
NAME	HONNEN, DEBORAH D	
STREET ADDRESS	2320 COMMODORES CLUB BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

John Honnen **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

904-667-1954

Daytime Phone #

CR2E034 (10/02)