## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000069271 DOCUMENT #

1. Entity Name

BOARDWALK BEACH REALTY, INC.



## **FILED** Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90322 020 \*\*\*158.75

Principal Place of Business \$202 W. 23RD STREET SUITE 400 PANAMA CITY FL 32405		Mailing Address 1002 W. 23RD STREET SUITE 400 PANAMA CITY FL 32405							
2. Principal Place of Business		3. Mailing Address					)	)   0001   40 IDQ	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number 03-0467816	, <u>,</u>	Applied For Not Applicable	
Zip	Country	Zip Count		try				additional ired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
HENRY, ROBERT F	131	Street Add			Idress (P.O. Box Number is Not Acceptable)				
1002 W. 23RD STRI	ET	Sileet Al			adiass (F.O. Dox Number is Not Acceptable)				
SUITE 400									
PANAMA CITY FL 32405				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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.			DITIONS/CHANGES TO OFFICERS AN	D DIRECTO		
TITLE		☐ Delete	TITLE	,	D		☐ Change	Addition	
NAME	<del>_</del>		NAME			N CLEMO, MARY MARIE		( )	
STREET ADDRESS CITY-ST-ZIP		<del></del> '		ET ADDRESS -ST-ZIP		. 23RD ST., SUITE 400			
<del></del>						CITY, FL 32405			
TITLE NAME		Delete	TITLE NAME		D/P.	N, IV, JOSEPH F.	☐ Change	Addition	
STREET ADORESS	~			ET ADDRESS		. 23RD ST., SUITE 400	ì	Ì	
CITY-ST-ZIP				ST-ZIP		CITY, FL 32405			
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NAME		Doloic	NAME		CHAPMAN	N, KRISTIAN B.	onango	A THE STATE OF THE	
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CITY-ST-ZIP	_		CITY-	ST-ZIP		CITY, FL 32405			
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NAME			NAME	:		N, DAVID M.		,	
STREET ADDRESS				ET ADDRESS		. 23RD ST., SUITE 400			
CITY-ST-ZIP	-	<u></u>	CITY-	ST-ZIP		CITY, FL 32405			
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NAME			NAME	ľ	CLEMO,	C. SCOTT		′ }	
STREET ADDRESS				ET ADDRESS		. 23RD ST., SUITE 400			
CITY-ST-ZiP		<u>_</u>		ST-ZIP		CITY, FL 32405			
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NAME express apprece			NAME	ŀ		, LAURETTA J.		,	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		. 23RD ST., SUITE 400			
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ligd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 per empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an ac s, with all other like empowered.

SIGNATURE.

850/769-5981