AMENDED

FILED

03 OCT 21 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000073119

1. Entity Name
FORGOTTEN BEACH COAST REALTY, INC.

Principal Place of Business	Mailing Address
710 HIGHWAY 98 MEXICO BEACH, FL 32410	~~710 HIGHWAY 98~~ ~~MEXICO~~ BEACH, FL 32410

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	HC 3 Box 98710
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Mexico Beach, FL
Zip / Country	Zip: 32456 / Country: BAY

4. FEI Number: 01-0731024 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

EUBANKS, KAY
710 HIGHWAY 98
MEXICO BEACH, FL 32410

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 X ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: TAMER, MARK STREET ADDRESS: 1029 E. 8TH AVE. CITY-ST-ZIP: DENVER, CO 80218	X Delete	TITLE: P NAME: Eubanks, Kay STREET ADDRESS: HC 3 Box 98710 CITY-ST-ZIP: Mexico Beach, FL 32456	X Change ☐ Addition
TITLE: V NAME: EUBANKS, KAY STREET ADDRESS: 710 HIGHWAY 98 CITY-ST-ZIP: MEXICO BEACH, FL 32410	☐ Delete	TITLE: V-P/Secty NAME: Eubank, Clayton T STREET ADDRESS: HC 3 Box 98710 CITY-ST-ZIP: Mexico Beach, FL 32456	☐ Change X Addition
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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: P ____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/10/23