

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90175 020 ***150.00

DOCUMENT # P02000085468



1. Entity Name
ROSS BEACH PROPERTIES INC.

Principal Place of Business
**191 LAKEVIEW DRIVE
DEFUNIAK SPRINGS FL 32433**

Mailing Address
**191 LAKEVIEW DRIVE
DEFUNIAK SPRINGS FL 32433**



2. Principal Place of Business
199 Lee Place

3. Mailing Address
191 Lakeview Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Santa Rosa Beach, FL

City & State
Defuniak Spgs, FL

4. FEI Number
54-2088253

Applied For
Not Applicable

Zip
32459

Country
USA

Zip
32433

Country
USA

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

6. Name and Address of Current Registered Agent

**DAVIS, MARK D
694 BALDWIN AVENUE SUITE 1
DEFUNIAK SPRINGS FL 32435**

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 _____ (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**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALDY, LINDA R	
STREET ADDRESS	124 HUNTERS COVE	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDY, JAMES E SR.	
STREET ADDRESS	124 HUNTERS COVE	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, MARGARET-D	
STREET ADDRESS	147 OAK STREET	
CITY-ST-ZIP	OAKLAND MS 38948	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAULDER, JANET R	
STREET ADDRESS	P.O. BOX 475	
CITY-ST-ZIP	COFFEEVILLE MS	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARTHA R	
STREET ADDRESS	191 LAKEVIEW DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RONNIE L	
STREET ADDRESS	191 LAKEVIEW DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **MARTHA R SMITH** **4/4/03 (850) 892-0671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)