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

## FILED May 19, 2003 8:00 am Secretary of State 04-24-2003 90161 048 \*\*\*150.00

Pincipal Place of Business 110 SEUN PRWY SE FORT WALTON BEACH FL 32548  2. Principal Place of Business Suite, Apt. II. etc. Suite, Apt. II. etc. Suite, Apt. II. etc. City & State City & S	DOCUMENT # P02000092901  1. Entity Name HOLIDAY BEACH SERVICE INC.					04-24-2003	JJU	<b>31</b> 0°	<b></b>	
Sulin, APE #, etc.  Sulin,	110 EGLIN PKWY SE 110 EGLIN PKWY SE			32548						
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Deared   Saf-75 Additional Formation   Saf-75 Addition	2. Principal Place of Business 3. Mailing Address					J IMASTRON III NOVIO EISIN NATUU NT	IN DEMI BUING IDING	<b>15010</b> 10/31	8518    &  100	
Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Auditional   S	Suite, Apt. #, etc.									
S. Name and Address of Current Registered Agent  Power Registered Agent  T. Name and Address of New Registered Agent  Name  BRUNER, VINCE M  110 EQUIN PKWY SE  FORT WALTON BEACH FL 32548  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of Floridary agent (pagent in pagent).  SIGNATURE  SIGNATURE  Proc. Scc., Treas., v. f.  Dealer  TILE  Dealer  TI	City & State		<u> </u>		4.	FEI Number 38367	4272	No	t Applicable	1
BRUNER, VINCE M 110 EQUIN PKWY SE FORT WALTON BEACH FL 32548  City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquions of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquions of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquions of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquions of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquions of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquions of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of Florids agent with a registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of Florids agent with a registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of Florids agent with a registered agent, or both, in the State of Florids. I run familiar with, and accept the obliquion of Florids agent with a registered agent, or both, in the State of Florids. I run familiar with, and acc				Country			Fee	Require	litional d	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	6. Name	and Address of Current Registr	ered Agent	Nome	<u> </u>	Name and Address of New R	egistered Age	<u>nt</u>		┨
EVENT ENDINGER AND PRICE OF THE LOUIS STREET ANDRESS CITY-ST-2P  TITLE  NAME SIREET ANDRESS CITY-ST-2P  TITLE			Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature to private interest of implatement agent with the state of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of Florids agent agen				<del> </del>						1
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SITERT ADDRESS CITY-ST-2P TITLE NAME SITERT ADDRESS CITY-ST-2P TI			rpose of changing its re	gistered office of	r registered ac	gent, or both, in the State of Flo	rida. I am famil	iar with,	and accept	
Atter May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  Prec', Sec. Treas., V. P. Delds  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  STR	SIGNATURE Signature, typed or	r printed name of registered agent and title if a	applicable. (NOTE: A	lagistered Agent signat	ure required when I	winstating)	DATE			
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