

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90074 031 ***150.00

DOCUMENT # P02000124791

1. Entity Name
SEA TURTLE PROPERTY MANAGEMENT, INC.



Principal Place of Business

**422 S NEPTUNE DR
SATELLITE BCH FL 32937**

Mailing Address

**422 S NEPTUNE DR
SATELLITE BCH FL 32937**

2. Principal Place of Business

3. Mailing Address

P.O. Box 372550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Satellite Beach, FL

4. FEI Number

14-1859122

Applied For

Not Applicable

Zip

Country

Zip

Country

32937-0550

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT V
1492 AVOCADO AVE
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

Susan J. Johnson

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

422 S. Neptune Dr.

City

Satellite Beach FL

Zip Code

32937

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

Susan J. Johnson, President

(NOTE: Registered Agent's signature required when reinstating)

DATE

1/13/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, SUSAN J 422 S NEPTUNE DR SATELLITE BCH FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, JAMES A 422 S NEPTUNE DR SATELLITE BCH FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, ROBERT A 3400 OCEAN BCH BLVD UNIT 609 COCOA BCH FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, ROBERT V 1492 AVOCADO AVE MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, MARK A 2220 COLONY DR MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

Daytime Phone #

**321
779-2915**

CR2E034 (10/02)