

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088315

1. Entity Name

260ME, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90172 014 ***150.00

Principal Place of Business
ST AUGUSTINE AIRPORT
U S 1 NORTH
ST AUGUSTINE FL 32084

Mailing Address
P.O. BOX 1615
ST. AUGUSTINE FL 32085-1615
US

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

for 20057244 M-C 4/18/01
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3226399

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSER, JAMES A
4900 US 1 NORTH
SUITE 100
ST AUGUSTINE FL 32084

Name

Diane L. Moser

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

4900 U.S. 1 North, Suite 100

City

St. Augustine

FL

Zip Code
32095

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.

SIGNATURE *Diane L. Moser*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/15/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	PD	☐ Delete
STREET ADDRESS	MARSH, MARK L	
CITY-STATE-ZIP	1827 SWISS OAKS STREET SWITZERLAND FL	
NAME	VD	☒ Delete
STREET ADDRESS	MOSER, JAMES A	
CITY-STATE-ZIP	120 TIDE'S EDGE PLACE PONTE VERDE BEACH FL 32082	
NAME	STD	☐ Delete
STREET ADDRESS	MARSH, MARK L	
CITY-STATE-ZIP	1827 SWISS OAKS STREET SWITZERLAND FL 32259	
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	STD	☐ Change ☒ Add
NAME	Diane L. Moser	
STREET ADDRESS	4900 U.S. 1 North Suite 100	
CITY-STATE-ZIP	St. Augustine, FL. 32095	
TITLE	VD	☐ Change ☒ Add
NAME	Christopher J. Philcox	
STREET ADDRESS	317 St. George St.	
CITY-STATE-ZIP	St. Augustine, FL. 32084	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied in this filing does not conflict with the information stated in Section 119.02(3)(a) Florida Statutes. I further certify that the information
contained in this report or supplemental report is true and accurate and that the 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 11 or Block 12
of this report or supplemental report with an address, with all other like information.

SIGNATURE:

Diane L. Moser DIANE L. MOSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000 (904) 824-1995