

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90034 024 ***150.00

DOCUMENT # P93000088315

1. Entity Name
260ME, INC.

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4900 U.S. 1 NORTH #700
 Suite, Apt. #, etc.

3. Mailing Address
4900 U.S. 1 NORTH #100
 Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL
 Zip
32095
 Country
ST. JOHNS

4. FEI Number **59-3226399**
 Applied For
 Not Applicable

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, DIANE L
4900 US 1 NORTH
SUITE 100
SAINT AUGUSTINE FL 32095

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.

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

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, 2002 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

TITLE
 NAME **PD MARSH, MARK L**
 STREET ADDRESS **1827 SWISS OAKS STREET**
 CITY-ST-ZIP **SWITZERLAND FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **STD MOSER, DIANE L**
 STREET ADDRESS **4900 US 1 N STE-100**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VD PHILCOX, CHRISTOPHER J**
 STREET ADDRESS **317 ST GEORGE ST**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DIANE L MOSER* **1/24/02 904-824-1995**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)