

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052248

Entity Name

AQUA VIEW RESORT RENTALS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90110 014 ***150.00

Principal Place of Business
8128 FRONT BEACH ROAD
SUITE 1
PANAMA CITY BEACH FL 32407-4842
US

Mailing Address

8128 FRONT BEACH ROAD
SUITE 1
PANAMA CITY BEACH FL 32407-4842
US

721227



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3256335

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITTON, JEFFREY P
565 HARRISON AVENUE
PANAMA CITY FL 32401

Name

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

City

FL

Zip Code

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

4-20-00

This corporation is eligible to satisfy its Intangible
Tax filing requirements 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME
STREET ADDRESS
CITY-ST-ZIP

PS
DOWDY, TERESA W
5121 WILLIAMS ROAD
TALLAHASSEE FL 32301

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHEFFIELD, KATRINA MAE
3789 HOLMES VALLEY ROAD
VERNON FL 32462

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WINKLER, Loyce C.
17155 Front Beach Road, 405W
Panama City Beach, FL 32413

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

850-234-52

Date

Daytime Phone #

014 (9/99)