

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053886

1. Entity Name
SHIMMERING SANDS REALTY INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90294 039 ***150.00

Principal Place of Business
**3106 THOMAS DR.
PANAMA CITY BEACH FL 32408**

Mailing Address
**3106 THOMAS DR.
PANAMA CITY BEACH FL 32408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2111 Thomas Drive

3. Mailing Address

2111 Thomas Drive

Suite Apt. #, etc.

6

Suite Apt. #, etc.

6

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32408

Country

USA

Zip

32408

Country

USA

4. FEI Number **59-3252226**

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

**DUNNIGAN, DANA P
3106 THOMAS DR.
PANAMA CITY BEACH FL 32408**

Name

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

2111 Thomas Drive

Suite 6

Panama City Beach

FL

Zip Code

32408

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, 2001 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 | OP | <input type="checkbox"/> Delete |
| NAME | DUNNIGAN, DANA P | |
| STREET ADDRESS | 3610 W OHENRY DR | |
| CITY-ST-ZIP | PANAMA CITY FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **Dana P. Dunnigan** **Dana P. Dunnigan** 4/16/01 (850) 235-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)