

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000038603**

1. Entity Name

ROOM MAKERS II, INC.**FILED****Feb 23, 2000 8:00 am**
Secretary of State

02-23-2000 90031 007 ***150.00

Principal Place of Business

Mailing Address

**4770 HIGHWAY 98 WEST
SANTA ROSA BEACH FL 32459****PO BOX 1670
SANTA ROSA BEACH FL 32459-1670**

2. Principal Place of Business

9705 US Hwy 98 W

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Zip

32541

Country

Zip

Country

4. FEI Number

59-3329714

Approved For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ROBINSON, CRAIG S
1184D CIRCLE DRIVE
DEFUNIAK SPRINGS FL 32433****7. Name and Address of New Registered Agent**

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 terminating)

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, 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BOSWELL, JAMES P JR			
	4770 HIGHWAY 98 WEST			
	SANTA ROSA BEACH FL 32459			
	D			
	BOSWELL, JOANNE L			
	4770 HIGHWAY 98 WEST			
	SANTA ROSA BEACH FL 32459			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

850 650 1500

Telephone