2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am g **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P95000038613 05-05-2003 91758 008 ***150.00 1. Entity Name HOST BEACHSIDE RENTALS, INC. Principal Place of Business 5920 S A1A HWY # 201 Mailing Address 5920 \$ A1A HWY #201 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3324514 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETTY, ALICE S Street Address (P.O. Box Number is Not Acceptable) 5920 A1A HWY # 201 **MELBOURNE BEACH FL 32951** City 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. I am familiar with, and accept the obligations of registered agent. ... SIGNATURE red agen and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE PETTY, ALICE S #201 NAME NAME STREET ADDRESS 5920 \$ A1A HWY STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME PETTY, JR., JAMES A #201 NAME STREET ADDRESS STREET ADDRESS 5920 S. A1A HWY CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BEACH FL 32951** TITLE Delete TITLE Change -- - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-7IP