

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90162 048 ***150.00

DOCUMENT # P95000048691

1. Entity Name

SIDE POCKET OF INDIAN HARBOUR BEACH, INC.

Principal Place of Business

816 E. EAU GALLIE BLVD.
 INDIAN HARBOUR BEACH FL 32937
 US

Mailing Address

2121 CHERYL CT.
 MELBOURNE FL 32935
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3327438

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

MARTIN, CHARLES T
2121 CHERYL COURT
MELBOURNE FL 32935

Name **Charles T. Martin**

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

1123 Ashley Ave.

Indian Harbour Beach, FL Zip Code **32937**

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 **Charles T. Martin**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 11, 2002
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **MARTIN, CHARLES T**
 STREET ADDRESS **2121 CHERYL COURT**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition
 NAME **See Address Above**
 STREET ADDRESS **See Address Above**
 CITY-ST-ZIP **See Address Above**

TITLE **D** ☐ Delete
 NAME **MARTIN, KAREN S**
 STREET ADDRESS **2121 CHERYL COURT**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition
 NAME **See Address Above**
 STREET ADDRESS **See Address Above**
 CITY-ST-ZIP **See Address Above**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: **Charles T. Martin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 11, 2002 Date **(773-1931)** Daytime Phone #

CR2E034 (4/02)

Attachment

P98000048691

B0130803

FL Department of State.

As per our phone conversation on
7-17-02 I am enclosing \$150.00 as I
did not receive the first billing.

As you can see from my
Completed form I have moved and
some of my mail gets forwarded and
some doesn't.

Thank you for your consideration
in this matter,

Charles T. Martin

Charles T. Martin