

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061400

1. Entity Name

TSUNAMI'S OF JACKSONVILLE, INC.

Principal Place of Business

2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

Mailing Address

2309 BEACH BLVD
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3329681

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

DOYLE, WILLIAM E
1301 RIVERPLACE BLVD.
SUITE 2600
JACKSONVILLE FL 32207

Name Doyle, William E

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

2002 Southside Blvd.

Suite 201

City Jacksonville

FL

Zip Code 32216

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 P ☐ Delete
NAME SINGLETARY, PATRICK M
STREET ADDRESS 13613 MARSH HARBOUR DRIVE, NORTH
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4401 Tideview Dr
CITY-ST-ZIP Jacksonville, FL 32250

TITLE VST ☐ Delete
NAME ADEEB, DAVID K
STREET ADDRESS 2245 EAGLES NEST ROAD
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1424 Bucknoll Cove
CITY-ST-ZIP Neptune Beach FL 32266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-01

Daytime Phone # 904-249-6440



DO NOT WRITE IN THIS SPACE

80044010

CR2E034 (10/00)