

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90081 033 \*\*\*150.00

0034657 AV

**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

4. FEI Number **59-3329681**

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

**DOYLE, WILLIAM E**  
**2002 SOUTHSIDE BLVD**  
**SUITE 201**  
**JACKSONVILLE FL 32216**

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 V.P. DATE **4-3-02**

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, 2002 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  
 NAME **P SINGLETARY, PATRICK M** ☐ Delete  
 STREET ADDRESS **4401 TIDEVIEW DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE  
 NAME **1655 The Greens Way # 2421** ☒ Change ☐ Addition  
 STREET ADDRESS **Jacksonville Beach, FL 32250**  
 CITY-ST-ZIP

TITLE  
 NAME **VST ADEEB, DAVID K** ☐ Delete  
 STREET ADDRESS **1424 BUCKNOLL COVE**  
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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: V.P. DATE **4-3-02** DAYTIME PHONE # **904-249-6440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)