

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094776

1. Entity Name  
RIP TIDE ENTERPRISES, INC.

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90002 045 \*\*\*550.00

Principal Place of Business  
2845 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082  
US

Mailing Address  
P.O. BOX 412  
PONTE VEDRA BEACH FL 32004-0412  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3350081

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

~~PACETTI, W. SCOTT~~ Kenneth R. Kresge  
~~138 MALAYA STREET~~ 403 Anastasia Blvd., Ste. 1  
~~ST AUGUSTINE FL 32084~~ St. Augustine, FL 32084

Name  
BENJAMIN L. RAY  
Street Address (P.O. Box Number is Not Acceptable)  
C/O KENNETH R. KRESGE CPA, PA  
403 ANASTASIA BLVD  
City ST. AUGUSTINE FL Zip Code 32080

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
COMPTON, MARY C  
2845 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
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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  
SILVIA C. COMPTON, President, Rip Tide Enterprises

Date

Daytime Phone #

CR2E034 (5/00)