

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90121 024 ***550.00

DOCUMENT # P96000037233

1. Entity Name
PROMENADE PROPERTY, INC.

Principal Place of Business

10450 US ONE NORTH

#1
 SAINT AUGUSTINE FL 32095
 US

Mailing Address

10450 US ONE NORTH

#1
 SAINT AUGUSTINE FL 32095
 US

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 **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOCHT, CORA
10450 US 1 N.
UNIT 1
SAINT AUGUSTINE FL 32095

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GOCHT, CORA**
 CITY-ST-ZIP **10450 US 1 N. #1**
SAINT AUGUSTINE FL 32095

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GOCHT, HAGEN**
 CITY-ST-ZIP **10450 US 1 N. #1**
SAINT AUGUSTINE FL 32095

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

August 27/02
 Date

Daytime Phone

(904) 285-5393

Attachment
Doc. # P9600003723
678820

October 2, 2002.

Department of State
Uniform Business Report Flings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Promenade Property Inc - P96000037233

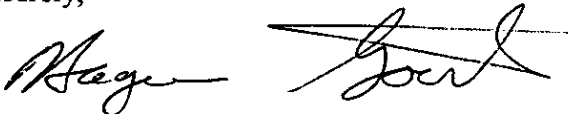
To Whom It May Concern,

It had called your office today to inquire about the status of our August filing, as check #600 in the amount of \$550.00 had not cleared our bank. The lady I spoke with advised me that nothing had been received and to mail a new check ASAP, along with a letter of explanation.

I am enclosing a copy of the original UBR, which I had marked, PAID and also a copy of the check stub #600. Please accept our apologies, but we did send it off in August and do not want Promenade dissolved.

Should you need to reach me, I am available at 904-591-5000.

Sincerely,



Hagen Gocht

Attachment
Doc. # 96000037233

678820

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ENDORSE HERE

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BAL. BROT FORD	600 8/27/02 ¹⁹	TO Dept of State	FOR Annual registration	TOTAL	THIS CHECK	OTHER TRANS. +/-	BALANCE
					450 -		
				DEPOSITS			
				TAX DEDUCTIBLE <input type="checkbox"/>			