

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070477

1. Entity Name

MEMTIDE PARTNERS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90098 042 ***150.00

Principal Place of Business

Mailing Address

506 HWY. 98 E.
 DESTIN FL 32541

506 HWY. 98 E.
 DESTIN FL 32541-2328

2. Principal Place of Business

3. Mailing Address

35000 Emerald Coast Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Destin FL

Zip

Country

Zip

Country

32541

4. FEI Number

62-1656013

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

ABBOTT, WILLIAM A
 506 HWY. 98 E.
 DESTIN FL 32541

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

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, 2000 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 PD ☐ Delete
 NAME ABBOTT, WILLIAM W JR
 STREET ADDRESS 506 HIGHWAY 98
 CITY-ST-ZIP DESTIN FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)