2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-26-2003 90136 015 ***150.00

DOCUMENT # P96000070477

1. Entity Name
MEMTIDE PARTNERS, INC.

Principal Place of Business	Mailing Address
506 HWY. 98 E. DESTIN FL 32541	35000 EMERALD COAST PARKWAY DESTIN FL 32541

2. Principal Place of Business	3. Mailing Address
546 mary Esther Blvd	546 Mary Esther Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach	City & State: Fort Walton Beach
Zip: 32548 Country:	Zip: 32548 Country:

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name: Robert Launch
Street Address (P.O. Box Number is Not Acceptable): c/o Resort Quest
546 Mary Esther Blvd
City: Fort Walton Beach FL Zip Code 32548

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] Robert M Launch 2/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBOTT, WILLIAM W JR 506 HIGHWAY 98 DESTIN FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert M Launch 546 Mary Esther Blvd Fort Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] President 2/24/03 850-337-1710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #