

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081754

1. Entity Name  
**EBB-TIDE ENTERPRISES, INC.**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90314 017 \*\*\*150.00

Principal Place of Business <b>125 FERRY RD SE FORT WALTON BEACH FL 32548 US</b>	Mailing Address <b>125 FERRY RD SE FORT WALTON BEACH FL 32548 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>137 Eglin Parkway, S.E.</b>	3. Mailing Address <b>137 Eglin Parkway, S.E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ft. Walton Beach, FL 32548</b>	City & State <b>Ft. Walton Beach, FL 32548</b>
Zip <b>32548</b>	Country <b>Okaloosa</b>

4. FEI Number <b>59-3406834</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**GRIMSLEY, JAMES W  
25 WALTER MARTIN ROAD NE  
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent  
Name: **Saras Taveprungsenukul**  
Street Address (P.O. Box Number is Not Acceptable): **137 Eglin Parkway, S.E.**  
City: **Ft. Walton Beach, FL 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.

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

(NOTE: Registered Agent signature required when reinstating)

3/27/01

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAVEPRUNGSENUKUL, SARAS 125 FERRY RD SE FORT WALTON BEACH FL 32548</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/27/01 . (850) 244-2388  
Date Daytime Phone #

CR2E034 (10/00)