2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000089940

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 MAY 12 PM 3:30

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DOCUMENT # P96000089940

1. Entity Name
TIDES REALTY, INC.

Principal Place of Business	Mailing Address
777 S. HARBOUR ISL BLVD.	601 BAYSHORE BLVD
925	SUITE 960
TAMPA FL 33602	TAMPA FL 33606

4/25/03 90283 019 $600.00

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	777 S. Harbour Isl Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 925
City & State	City & State Tampa, FLL
Zip / Country	Zip 33602 / Country USA

4. FEI Number 59-3407462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
100 NORTH TAMPA STREET
STE 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 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

TITLE	VP	☐ Delete
NAME	KERNS, LINDA S	
STREET ADDRESS	777 S. HARBOUR ISL. BLVD.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PST	☐ Delete
NAME	HEINBERH, C J	
STREET ADDRESS	777 S. HARBOUR ISL. BLVD.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Jae Heinberg 3/18/03 813-251-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #