

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90032 003 ***150.00

DOCUMENT # P97000012929

1. Entity Name

SIDES & ASSOCIATES, INC.

Principal Place of Business

**5 CALHOUN AVENUE
 DESTIN FL 32541**

Mailing Address

**P O BOX 5554
 DESTIN FL 32540
 US**

2. Principal Place of Business

151 MARY Esther BLVD

3. Mailing Address

P.O. Box 5554

Suite, Apt. #, etc.

Ste: 507

Suite, Apt. #, etc.

City & State

MARY Esther, FL

City & State

Destin, FL

Zip

32569

- Country

USA

Zip

32540

Country

USA

6. Name and Address of Current Registered Agent

**SIDES, MARILYN
 5 CALHOUN AVE
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

151 MARY Esther BLVD

STE 507

City

MARY Esther

FL

Zip Code

32569

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

Marilyn Sides *Marilyn Sides*

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SIDES, MARILYN	
STREET ADDRESS	P O BOX 5554 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIDES, THOMAS H	
STREET ADDRESS	P O BOX 5554 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIDES, THOMAS H	
STREET ADDRESS	P O BOX 5554 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marilyn Sides

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pres **850-244-4219**

CR2E034 (9/01)