

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025862

1. Entity Name

TIDE WATER DEVELOPMENT GROUP INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90053 039 ***150.00

Principal Place of Business

25 OLD MISSION AVE.
ST. AUGUSTINE FL 32084
US

Mailing Address

25 OLD MISSION AVE.
ST. AUGUSTINE FL 32084
US

2. Principal Place of Business

2825 LEWIS SPEEDWAY
Suite, Apt. #, etc.
104

3. Mailing Address

2825 LEWIS SPEEDWAY
Suite, Apt. #, etc.
104

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

US

Zip

32084

Country

US

4. FEI Number

52-2040420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEFFERON, MICHAEL
25 OLD MISSION VE.
ST. AUGUSTINE FL 32084

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.

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, 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 D ☐ Delete
NAME SMITH, CHARLES K
STREET ADDRESS 25 OLD MISSION AVE.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ Delete
NAME HEFFERON, MICHAEL
STREET ADDRESS 25 OLD MISSION AVE.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE D ☒ Delete
NAME SPARKS, MARY C
STREET ADDRESS 105 S. PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2825 LEWIS SPEEDWAY, Suite 104
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2825 LEWIS SPEEDWAY, Suite 104
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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

TITLE ☐ Change ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES K. SMITH 3-20-01 (904) 808-9977

CR2E034 (10/00)