

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 08, 2003 8:00 am  
Secretary of State

09-08-2003 90131 038 \*\*\*550.00

DOCUMENT # **P97000082041**



1. Entity Name  
**SUNTIDE CONSTRUCTION, INC.**

Principal Place of Business  
**725 N A1A STE A 104  
JUPITER FL 33468**

Mailing Address  
**725 N A1A STE A 104  
JUPITER FL 33468**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0787062**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOOD, WILLIAM S  
725 N. A1A, STE. A-104  
JUPITER FL 33477-WOOD**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITESIDE, DICK</b>	
STREET ADDRESS	<b>725 N. A1A, STE. A-104</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477-WOOD</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HERRMANN, WAYNE</b>	
STREET ADDRESS	<b>725 N. A1A STE A-104</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477-WOOD</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Res. Dick Whiteside 9/4/03**

CR2E034 (4/03)