

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90123 044 ***150.00

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DOCUMENT # P98000022017

1. Entity Name
FOUR BARRACUDA LANE, INC.



Principal Place of Business
**4 BARRACUDA LANE
OCEAN REEF CLUB
KEY LARGO FL 33037**

Mailing Address
~~10 GOLF VILLAGE
UNIT B
KEY LARGO FL 33037
US~~



2. Principal Place of Business

3. Mailing Address

4811 Saxon Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B404

City & State

City & State

New Smyrna Beach,

Zip

Country

Zip

Country

FL 32169

4. FEI Number **65-0823654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAILLAUD, PAUL A
2900 BRIDGEPORT AVE.
STE. 200
COCONUT GROVE FL 33133**

Name
Samuel A. Persaud, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Hwy, Ste. 715

City
Coral Gables

FL

Zip Code
33146

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

4/17/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **POWELL, PAMELA L**
STREET ADDRESS **4 BARRACUDA LANE, OCEAN REEF CLUB**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE **D** ☒ Delete
NAME **MARLEN, MESA**
STREET ADDRESS **147 RED WING RD.**
CITY-ST-ZIP **TAVERNIER FL 33070**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

705 362-2942
Daytime Phone #

CR2E034 (10/02)