

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041684

1. Entity Name

BEACH BIKE RENTALS, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90140 024 ***150.00

Principal Place of Business

Mailing Address

127 E. GULF BCH DR.
ST. GEORGE ISLAND FL 32328

127 E. GULF BCH DR.
ST. GEORGE ISLAND FL 32328-2810

2. Principal Place of Business

139 EAST GORRIE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. George Island, FL

City & State

4. FEI Number

59-3513646

Applied For

Not Applicable

Zip

Country

32328

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, MERIDA F
127 E. GULF BCH DR.
ST. GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

Name LISA MUNSON, CPA, PA.
Street Address (P.O. Box Number is Not Acceptable)
9 ISLAND DRIVE P.O. Box 219
City EASTPOINT FL Zip Code 32328

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 *Richard Merritt* CPA

(NOTE: Registered Agent signature required when reinstating)

4/19/00
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, 2000 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
NAME LONG, MERIDA F
STREET ADDRESS 127 E. GULF BCH DR.
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Richard Merritt
STREET ADDRESS 139 EAST GORRIE
CITY-ST-ZIP ST GEORGE ISLAND, FL 32328 ☐ Change ☒ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

Daytime Phone #

CR2E034 (9/99)