

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050043

1. Entity Name

SURFSIDE DEVELOPMENT COMPANY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90130 020 ***150.00

Principal Place of Business Mailing Address
539 6TH AVE. SOUTH 2771-29 MONUMENT RD.
JACKSONVILLE BEACH FL 32250 SUITE 201
JACKSONVILLE FL 32225

2. Principal Place of Business 3. Mailing Address
3953 Shady Ln 2771-29 Monument Rd
Suite, Apt. #, etc. Suite 201

City & State City & State
Jacksonville, FL Jacksonville, FL
Zip Country Zip Country
32277 Duval 32225 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538006 Applied For Not Applicable

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
ETHRIDGE, MICAH Name
539 6TH AVE. SOUTH Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE BEACH FL 32250 3953 Shady Ln
City Jacksonville FL Zip Code 32277

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 *Michael Ethridge* (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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHRIDGE, MICAH		NAME	Ethridge, Michael	
STREET ADDRESS	539 6TH AVE. SOUTH		STREET ADDRESS	3953 Shady Ln.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Michael Ethridge* 4/25/00 (904) 744-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)