

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

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-09-2005 90285 022 ***150.00

DOCUMENT # 098000054731
1. Entity Name
Seacoast R.V. Rentals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1005 Capital Circle, NW
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 38579
Suite, Apt. #, etc.

66022726

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3517420 Applied For Not Applicable

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

City & State
Tallahassee, FL Tallahassee, FL

Zip
32304 Country U.S.A. 32315 Country U.S.A.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
R.W. Kornegay

Street Address (P.O. Box Number is Not Acceptable)
1005 Capital Circle NW

City
Tallahassee FL Zip Code 32304

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President & Director R.W. Kornegay 1005 Capital Circle NW Tall., FL 32304</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: R.W. Kornegay 4-29-05 575-2093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)