2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Bed and Breakfast For Sale, Inc.
P98000062199 R

06-20-2000 90005 020 ***150.00
P98000062199

FILED
00 OCT 19 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000064860

Principal Place of Business	Mailing Address
98 So. Fletcher Ave Amelia Island Fla. 32034	98 S. Fletcher Ave Amelia Isl. Fl. 32034

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3527401 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Mock, William J. JR. - ESQ
98 S. Fletcher Ave
Fernandina Bch, Fl. 32034

7. Name and Address of New Registered Agent

Name DAVID J CAPLES

Street Address (P.O. Box Number is Not Acceptable)

98 S. Fletcher Ave

City Amelia Isl. FL Zip Code 32034

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 [signature] 6-15-00
Signature, typed or printed name of registered agent and title if applicable. (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 DPST NAME Mock, William J JR. STREET ADDRESS 1676 Regatta Dr. CITY-ST-ZIP Amelia Isl. Fl.	☒ Delete	TITLE P NAME David J. Caples STREET ADDRESS 1617 Atlantic Ave CITY-ST-ZIP Amelia Isl. Fl. 32034	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE V NAME Helen E. Cook STREET ADDRESS 2149 Nature's Gate CITY-ST-ZIP Amelia Isl. Fl. 32034	☐ Change ☒ Addition
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

SP

CR2E034 (9/99)

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] 6-15-00 904-261-1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #