

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007571

1. Entity Name

HILITES ON THE BEACH, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90037 024 ***150.00

Principal Place of Business

Mailing Address

E. EAU GALLIE BLVD.
HARBOUR BEACH FL 32937

724 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937-4901

2. Principal Place of Business

IND. HR. BCH
Suite, Apt. #, etc.

3. Mailing Address

724 E EAU GALLIE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
IND. HR. BCH FL
Zip 32937 Country

City & State

Zip

Country

4. FEI Number

593303846

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

Name

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

City

FL

Zip Code

SCHNEIDER, LORAIN D
724 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937

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

Lorraine D. Schneider

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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
NAME SCHNEIDER, LORAIN D
STREET ADDRESS 104 OCEAN SPRAY AVE.
CITY-ST-ZIP SATELLITE BEACH FL 32937

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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:

Lorraine D. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00

CR2E034 (9/99)