

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90443 047 ***150.00

DOCUMENT # P99000010688

1. Entity Name
SURF HIGH INN MOTEL, INC.



Principal Place of Business
**10611 FRONT BEACH RD
PANAMA CITY BEACH FL 32407
US**

Mailing Address
**PO BOX 9975
PANAMA CITY BCH FL 32417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3557762**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**OAKES, REBECCA L
434 MAGNOLIA AVE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name
TRACY OAKES
Street Address (P.O. Box Number is Not Acceptable)
21020 S. LAKEVIEW DRIVE
City
Panama City Beach **FL** Zip Code
32413

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tracy Oakes*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OAKES, JASON P**
STREET ADDRESS **415 BECKRICH RD STE 320**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **V** ☐ Delete
NAME **OAKES, TRACEY R**
STREET ADDRESS **21020 S. LAKEVIEW DR**
CITY-ST-ZIP **PANAMA CITY FL 32413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **OAKES, JASON P.**
STREET ADDRESS **21020 S. LAKEVIEW DR.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tracy Oakes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/03** **850.235.4148**
Daytime Phone #

CR2E034 (10/02)