

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030983

1. Entity Name

FLORIDA BEACHFUN SERVICE & MARKETING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90020 042 ***150.00

Principal Place of Business

Mailing Address

~~2130 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2130 MAIN STREET~~
~~SARASOTA FL 34237-0024~~

2. Principal Place of Business

1100 34TH ST. SOUTH

Suite, Apt. #, etc.

3. Mailing Address

117 104th Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURGH, FL

City & State

Treasure Island, FL

4. FEI Number

65-0909965

Applied For

Not Applicable

Zip

33711

Country

U.S.A.

Zip

33706

Country

U.S.A.

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

~~JAENSCH, P. CHRISTOPHER~~

~~2130 MAIN STREET~~

~~SARASOTA FL 34237~~

Name

REHME CORNELIA

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

117 104TH AVE.

TREASURE ISLAND

City

FL

Zip Code

33706

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

C.T. [Signature]

C. REHME

4/10/00

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	D	<input type="checkbox"/> Delete
NAME	REHME, BERND	
STREET ADDRESS	145 104TH AVE #2	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	REHME, CORNELIA	
STREET ADDRESS	145 104TH AVE #2	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHME, BERND	Address
STREET ADDRESS	117 104TH AVE	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHME, CORNELIA	Address
STREET ADDRESS	117 104TH AVE	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

C. REHME [Signature]

C. REHME

4/10/00

(727)321-9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)