

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90100 012 \*\*\*150.00

**DOCUMENT # P99000035936**

1. Entity Name  
**SURF ZONE, INC.**

Principal Place of Business

PO BOX 806  
 KEY WEST FL 33041

Mailing Address

PO BOX 806  
 KEY WEST FL 33041

2. Principal Place of Business

P.O. Box 691255  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 691255  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO - FL**

City & State  
**ORLANDO - FL**

4. FEI Number **65-0911657**

Applied For  
 Not Applicable

Zip **32869** Country

Zip **32869** Country

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

6. Name and Address of Current Registered Agent

**LOUREIRO, ANTONIO G**  
**720 DUVAL ST.**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **ANTONIO LOUREIRO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8001 SOUTH OBT # SUITE 1204**  
 City **ORLANDO** **FL** Zip Code **32809**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **D** ☐ Delete  
 NAME **LOUREIRO, ANTONIO G**  
 STREET ADDRESS **PO BOX 806**  
 CITY-ST-ZIP **KEY WEST FL 33041**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition  
 NAME **ANTONIO LOUREIRO**  
 STREET ADDRESS **P.O. BOX 691255**  
 CITY-ST-ZIP **ORLANDO - FL 32869**

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

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

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TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/02 (407)854.1900**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

#P99000035936



August 27, 2002

To whom it may concern,

We sent out a letter last year to inform you of our address change, but it must have been overlooked. Because of this, the corporate license renewal was sent to the wrong address. Please take note of this address change and make any necessary changes to your record.

Surf Zone Inc.  
P.O. Box 691255  
Orlando, FL 32809

A large, stylized handwritten signature in black ink, appearing to be the initials 'A.L.' followed by a long horizontal stroke.