

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044068

1. Entity Name
SEABERRY SURF GIFTS OF FLORIDA, INC. ✓

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90029 038 ***550.00

Principal Place of Business
12991 VILLAGE BOULEVARD
SUITE 104
MADEIRA BEACH FL 33708

Mailing Address
12991 VILLAGE BOULEVARD
SUITE 104
MADEIRA BEACH FL 33708

AVU14110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite; Apt. #, etc.

3. Mailing Address
Suite; Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3572064

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
PETER S LALLY

Street Address (P.O. Box Number is Not Acceptable)
12991 VILLAGE BLVD

City
MADEIRA BEACH FL Zip Code 33708

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 *Peter S Lally* PETER S LALLY
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
LALLY, PETER S
12991 VILLAGE BOULEVARD
MADEIRA BEACH FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BAPTIST, JAMES
12991 VILLAGE BOULEVARD
MADEIRA BEACH FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: *Peter S Lally* SIGNATURE REQUIRED PETER S LALLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)