

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
 08-22-2000 90001 038 ***150.00

DOCUMENT # P99000045465

1. Entity Name

FLORIDA SHADE SAILS, INC.

Principal Place of Business

**3512 E. MARITANA DRIVE
 ST. PETERSBURG BEACH FL 33706**

Mailing Address

**P.O. BOX 46782
 PASS-A-GRILLE FL 33741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 358 2872

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

**MYERS, ROBERT J ESQ.
 1135 PASADENA AVENUE SOUTH
 SUITE 140
 ST. PETERSBURG FL 33707**

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 PRICE, WILLIAM A
 3512 E. MARITANA DRIVE
 ST. PETERSBURG BEACH FL 33706** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00
 Date

727 360-4234
 Daytime Phone #

CR2E034 (5/00)

Attachment Doc #
P99000045465
DW80164

Florida Shade Sails, Inc.
P.O. Box 46782
Pass-A-Grille, FL 33741
(727) 360-4234

August 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madame:

Enclosed is my 2000 report.

I respectfully request that the penalty not be assessed, as this was the first year I have had a corporation. I was out of state working the first part of the year and did not know about this filing.

Thank you for your consideration in this matter.

Respectfully,

William A. Price

William A. Price, President