

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90090 035 ***150.00

DOCUMENT # **P99000045465**

1. Entity Name

FLORIDA SHADE SAILS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3512 E. MARITANA DR. 3512 E. MARITANA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETE BCH, FL.

ST. PETE BCH, FL.

Zip

Country

33706 PINELLAS

Zip

Country

33706 PINELLAS

4. FEI Number

59-3582872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT J. MYERS, ESQ.

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

1135 PASADENA AVE. SOUTH

SUITE 140

City

ST. PETERSBURG

FL

Zip Code

33707

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

William A. Price (PTSD)

4/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTSD
William A. Price
3512 E. MARITANA DR.
ST. PETE BCH, FL. 33706**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **William A. Price William A. PRICE**

4/7/03 (727)360-4234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)