2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049161

1. Entity Name

363 ATLANTIC BLVD., INC.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90208 023 ***150.00

Principal Place of Business	Mailing Address
_O BOX 331333 ATLANTIC BEACH FL 32266	PO BOX 331333 ATLANTIC BEACH FL 32233-1333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2275 Atlantic Blvd.		P.O. Box 330108	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.	
City & State: Neptune Beach, Florida		City & State: Atlantic Beach, Florida	
Zip: 32266	Country: Duval	Zip: 32233-0108	Country: Duval

4. FEI Number: 59-3577889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SORRELL, MARY C
2275 ATLANTIC BLVD. STE. 100
NEPTUNE BEACH FL 33266

7. Name and Address of New Registered Agent

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HIONIDES, CHRIS 2275 ATLANTIC BLVD. STE. 100 NEPTUNE BEACH FL 33266	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIONIDES, NADIA 2275 ATLANTIC BLVD. STE. 100 NEPTUNE BEACH FL 33266	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 4/24/00 (904) 241-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #