

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90048 042 ***150.00

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1. Entity Name

BIKES, BOATS, BEACHSTUFF, & RENTALS, INC.



Principal Place of Business

1470 PERIWINKLE WAY
SANIBEL FL 33957

Mailing Address

P.O. BOX 539
SANIBEL FL 33957

2. Principal Place of Business

1470 Periwinkle Way

Suite, Apt. #, etc.

3. Mailing Address

PO Box 539

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip
33957

Country

US

City & State

Sanibel, FL

Zip
33957

Country

US

4. FEI Number

65-0935175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

URKOVICH, RONALD S
2323 WOOSTER LANE, SUITE 2
SANIBEL FL 33957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 D ☐ Delete
NAME KIRKLAND, BILLY
STREET ADDRESS 1025 YACHTSMAN
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ Delete
NAME KIRKLAND, SALLY
STREET ADDRESS 1025 YACHTSMAN
CITY-ST-ZIP SANIBEL FL 33957

TITLE D ☐ Delete
NAME VERMES, FRANK
STREET ADDRESS 920 VICTORIA WAY
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Billy Kirkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

239-472-5248

Daytime Phone #