

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075385

1. Entity Name

BACKSTREETS OF ST. AUGUSTINE, INC.

Principal Place of Business

61 SPANISH STREET
ST AUGUSTINE FL 32084

Mailing Address

61 SPANISH STREET
ST AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAPATO, JARROD
158 ST GEORGE STREET 1
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name LAPATO, JARROD

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

1688 Castile St.

City ST. Augustine

FL

Zip Code 32080

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

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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 \$150.00
After MAY 1, 2001 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 P
NAME QUACKENBUSH, DAWN
STREET ADDRESS 158 ST GEORGE ST 1
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE P
NAME Quackenbush, Dawn
STREET ADDRESS 1688 Castile St.
CITY-ST-ZIP ST. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE VP
NAME LAPATO, JARROD
STREET ADDRESS 158 ST GEORGE ST 1
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE VP
NAME LAPATO, Jarrod
STREET ADDRESS 1688 Castile St.
CITY-ST-ZIP ST. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

904 827 0990

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)