

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100931

1. Entity Name

PAUL'S BEACH RENTALS, INC.

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90156 046 ***150.00

Principal Place of Business

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

Mailing Address

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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 59-3611535

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
C/O BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name Paul P. Reisinger

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

1536 Mainsail Dr. Unit 8

City Naples

FL Zip Code 34114

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 user 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 \$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

TITLE D
NAME GREUSEL, JAMIE B
STREET ADDRESS 1104 NORTH COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Paul P. Reisinger
NAME Paul P. Reisinger
STREET ADDRESS 1536 Mainsail Dr. Unit 8
CITY-ST-ZIP Naples FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)

941-389-1953