

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12328

1. Entity Name

AUGUST THIRTY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90099 044 ***150.00

Principal Place of Business

Mailing Address

7514 CASTLE DR
SARASOTA FL 34240
US

4411 BEE RIDGE RD
SUITE 629
SARASOTA FL 34233-2514
US

PMB

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

PMB # 629

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0230790

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SALISBURY, DEBRA ESQ~~
~~1800 SECOND STREET~~
~~SUITE 700~~
~~SARASOTA FL 34236~~

REBECCA A. RIDER
1800 2ND STREET
SUITE 905
SARASOTA, FL 34236

Name
REBECCA A. RIDER
Street Address (P.O. Box Number is Not Acceptable)
1800 2ND STREET
SUITE 905
City
SARASOTA
FL Zip Code
34236

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

Rebecca A. Rider

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-2000

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 ~~10~~ PRESIDENT ☐ Delete
NAME SHARBY, BEVERLY
STREET ADDRESS 7514 CASTLE DRIVE
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

BEVERLY SHARBY 4/1/00 941-377-3674

Date

Daytime Phone #

CR2E034 (9/99)