

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90786 001 ***150.00

DOCUMENT # S37899

1. Entity Name

GUARD DOG BEACH SERVICE, INC.

Principal Place of Business

**1911 CAULEY AVE
 PANAMA CITY FL 32407
 US**

Mailing Address

**1911 CAULEY AVE
 PANAMA CITY FL 32407
 US**

2. Principal Place of Business

1411 Moylan Road
 Suite, Apt. #, etc.

3. Mailing Address

1411 Moylan Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL
 Zip **32407** Country **USA**

City & State

Panama City Beach, FL
 Zip **32407** Country **USA**

4. FEI Number

59-3050452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**QUAVE, GERALD J., JR.
 1911 CAULEY AVE
 PANAMA CITY FL 32407**

7. Name and Address of New Registered Agent

Name **Gerald J. Quave Jr.**

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

1411 Moylan Road

City **Panama City Beach**

FL

Zip Code

32407

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 title 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT QUAVE, GERALD J. JR. 141 PALM GROVE BLVD PANAMA CITY BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LINTHICUM, MICHAEL F. 5900 SUNSET AVE., #A PANAMA CITY BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gerald J. Quave Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 850-235-0661

CR2E034 (9/01)