2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90953 038 ***150.00

DOCUMENT # S84036

1. Entity Name
PONCE LANDING OF ST. AUGUSTINE BEACH RENTAL COMPANY, INC.

Principal Place of Business	Mailing Address
826 A1A BCH. BLVD. #41 ST AUGUSTINE BEACH FL 32080 US	826 A1A BCH. BLVD #41 ST. AUGUSTINE BEACH FL 32084 US

☐ CHECK HERE IF MAKING CHANGES

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 59-3085210 ☐ 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
JONES, KATHERINE G 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32085-3007	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, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAMPLE, FRANK 3535 207TH AVENUE SE ISSAQUAH WA 98027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Hagan 826 A1A Beach Blvd. #48 St. Augustine, FL 32080 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B VONASEK, JOHN 4670 AIA SOUTH ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEW, JAMES 2450 HONEYSUCKLE DRIVE CUMMING GA 30040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Few, James 2450 Honeysuckle Drive Cumming, GA 30040 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMITH, JEANNETTE 826 AIA BEACH BLVD, #46 ST AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Smith, Jeanette 826 A1A Beach Blvd. #46 St. Augustine, FL 32080 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEWIS, EDMUND 826 AIA BEACH BLVD 13 LAKE BUTLER FL 32054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lewis, Edmund 826 A1A Beach Blvd. #13 St. Augustine, FL 32080 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEINHAUSER, BERNIE 826 AIA BEACH BLVD 36 ST AUGUSTINE FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Steinhauser, Bernie 826 A1A Beach Blvd. #36 St. Augustine, FL 32080 — ☒ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #