

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90368 028 \*\*\*150.00

**DOCUMENT # S98088**

1. Entity Name

**SURFSIDE CARRIER CORPORATION**

Principal Place of Business

**2749 TIFFANY DR  
 NEW SMYRNA BEACH FL 32169  
 US**

Mailing Address

**P.O. BOX 1478  
 EDGEWATER FL 32132  
 US**

**550623**

2. Principal Place of Business

**1414 ROYAL PALM**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**EDGEWATER FL**

City & State

4. FEI Number

**59-3097069**

Applied For

Not Applicable

Zip

**32132**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, KIMBERLY  
 2749 TIFFANY DR  
 NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name

**KIMBERLY DAVIS**

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

**1414 ROYAL PALM DR**

City

**EDGEWATER**

**FL**

Zip Code

**32132**

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

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

**KIMBERLY DAVIS**

(NOTE: Registered Agent signature required when reinstating)

**4-27-01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, KENNETH L.</b>	
STREET ADDRESS	<b>P.O. BOX 1478</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, KIMBERLY V.</b>	
STREET ADDRESS	<b>P.O. BOX 1478</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32132</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Kimberly Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-01**

Date

**386 428-1108**

Daytime Phone #

CR2E034 (10/00)