

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90007 020 ***550.00

0108544 AT

DOCUMENT # V14812

1. Entity Name

PLEASURE ISLAND OF FWB, INC.

Principal Place of Business

**153 REAL PKWY
 FT. WALTON BEACH FL 32548**

Mailing Address

**2413 WINDAN CT
 ATLANTA GA 30360
 US**

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

59-3106960

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

WAGNER, KAREN

153 BEAL PKWY

FT. WALTON BEACH FL 32548

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.

SIGNATURE

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

P.V.S.T

Karen Wagner

7/16/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PV
WAGNER, KAREN N
153 BEAL PARKWAY
FT. WALTON BEACH FL
 Add
 S + T ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P.V.S.T ← add ☒ Change ☐ Addition
Wagner, Karen
153 Beal Pkwy
Ft. Walton Beach, FL 32548

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
SILVAGGIO, MARK
1310 HIGHWAY 98 EAST
FT. WALTON BEACH FL 32548 ☒ Delete

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

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☐ Change ☐ 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:

Karen Wagner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)