

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91148 033 ***150.00

DOCUMENT # 606857

1. Entity Name

BEACH SELF SERVE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O HUD COLEMAN & ASSOCIATES, INC.

3. Mailing Address

C/O HUD COLEMAN & ASSOCIATES, INC.

Suite, Apt. #, etc.

4060 TAMiami TR N, SUITE 1

Suite, Apt. #, etc.

4060 TAMiami TR N, SUITE 1

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

59-1895043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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90127018

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

COLEMAN, JAMES G.

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

333 CUDDY COURT

City

NAPLES

FL

Zip Code

34103

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

COLEMAN, JAMES G.

333 CUDDY COURT

NAPLES, FL 34103

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

COLEMAN, RAMONA G.

333 CUDDY COURT

NAPLES, FL 34103

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

JAMES G. COLEMAN

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/03 X 239-261-1713

Date

Daytime Phone #

CR2E034B (12/02)