

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90042 018 ****61.25

DOCUMENT # 703420

1. Entity Name

BEACHES AQUATIC POOL INC

Principal Place of Business

297 AQUATIC DR
ATLANTIC BEACH FL 32233-2617
US

Mailing Address

P O BOX 238 N/A
ATLANTIC BEACH FL 32233-2617

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

59-1007425

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

WILLIAMS, BILL
535 DAVIS ST.
NEPTUNE BCH. FL 32266

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD WILLIAMS, BILL**
STREET ADDRESS **535 DAVIS ST**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32266**

TITLE ☒ Delete
NAME **D MARSH, JIM**
STREET ADDRESS **221 OLEANDER ST.**
CITY-ST-ZIP **NEPTUNE BCH. FL**

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

TITLE ☐ Delete
NAME **D POTTER, ALAN**
STREET ADDRESS **374 2ND ST**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **VP D**
STREET ADDRESS
CITY-ST-ZIP **32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T June Ann Williams**
STREET ADDRESS **535 Davis Street**
CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD Cindy Weisner**
STREET ADDRESS **603 Camellia Terrace**
CITY-ST-ZIP **Neptune Beach, FL 32266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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: WILLIAMS, BILL **3-14-02** (904) 246-3006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)