

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90226 041 ***150.00

DOCUMENT # F00000004888

1. Entity Name

JACYN BEACON REALTY INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7697 COVE TERRACE

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 868.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
OSPREY, FL

4. FEI Number
13-3207084

Applied For
Not Applicable

Zip
34231

Country
USA

Zip
34229

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
MARVIN KAPLAN

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

7697 COVE TERRACE

City **SARASOTA**

FL

Zip Code
34231

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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

**PCD
KAPLAN, MARVIN I
7697 COVE TERRACE
SARASOTA, FL 34231**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

941-587-9000

Date

Daytime Phone #

CR2ED34B (12/02)