

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-13-2003 90065 015 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002955

1. Entity Name
BEACHCOMBER PROPERTY INVESTMENTS, INC.



Principal Place of Business Mailing Address
18154 MORRISON STREET 3745 Rodgers Ind. 18154 MORRISON STREET P.O. Box 712
GROVELAND FL 34738 OKAHUMPKA, FL 34762 GROVELAND FL 34738 OKAHUMPKA, FL 34762

2. Principal Place of Business 3. Mailing Address
3745 Rodgers Industrial P.O. Box 712
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OKAHUMPKA OKAHUMPKA, FL
Zip Country Zip Country
34762 USA 34762 FLA

4. FEI Number 91-2077244
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
MACKAY, COLLEEN 18154 MORRISON ST. GROVELAND, FL 34738
18154 MORRISON STREET
GROVELAND FL 34738
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Colleen Mackay, pres DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAKE, NANCY 1135 TERMINAL WAY #209 RENO NV ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, COLLEEN 18154 MORRISON GROVELAND FL 34738 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colleen Mackay, pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 352-360-0975
Date Daytime Phone #

CR2E034 (10/02)