

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004688

1. Entity Name

BEACHHOUSE SWIMWEAR, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90007 020 ***150.00

Principal Place of Business

2323 WOOSTER LANE
#5
SANIBEL FL 33957

Mailing Address

2323 WOOSTER LANE
#5
SANIBEL FL 33957-3223
US

2. Principal Place of Business

15870 PINE RIDGE RD

3. Mailing Address

15870 PINE RIDGE RD

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

38-2759489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINICOLA, VINCENT
2323 WOOSTER LANE
#5
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

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

15870 PINE RIDGE RD
Suite 2

City

FORT MYERS

FL

Zip Code

33908

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

Vincent Dinicola VINCENT DINICOLA

3-27-2000

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE P
NAME BAUER, DONALD
STREET ADDRESS 2190 STARFISH LANE
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE ST
NAME DINICOLA, VINCENT
STREET ADDRESS 1732 SERENITY LANE
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Vincent Dinicola VINCENT DINICOLA

Date

3-27-2000 941-4665306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)