## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPER OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # F9400006597 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name BEACH ENGINEERING, INC. 04-12-2000 90190 039 \*\*\*150.00 Principal Place of Business Mailing Address 817 N.W. 30TH AVE. 817 N.W. 30TH AVE. OCALA FL 34475-5603 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-0334189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTENSEN, DAVID R Street Address (P.O. Box Number is Not Acceptable) 817 N.W. 30TH AVE. OCALA FL 34475 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE TITLE X Delete Evan Christensen SUROWIEC, STEPHEN E NAME NAME STREET ADDRESS 10627 sw 55th Place STREET ADDRESS 3533 SANDERLING DRIVE Gainesville, FL 32608 CITY-ST-2IP CITY-ST-ZIP SOUTHPORT NC 28461 X Delete X Addition ☐ Change TITLE TITLE Dana Christensen CHRISTENSEN, ANNE NAME 19898 SW 75th Street STREET ADDRESS 9147 S.W. 197TH CIR. STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34432** CITY-ST-ZIP Dunnellon, FL 34431 ☐ Delete ☐ Change X Addition CHRISTENSEN, DAVID R NAME Erik Christensen 9147 S.W. 197TH CIRCLE STREET ADDRESS STREET ADDRESS <u>8692\_SW\_55th</u> Terr CITY-ST-ZIP DUNNELLON FL 34432 CITY-ST-ZIP Ocala, FL 34476 Change ☐ Addition TITLE ☐ Delete TITLE CHRISTENSEN, EVAN NAME NAME STREET ADDRESS 8421 S.W. 46TH LANE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32608** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE CHRISTENSEN, DAVID D NAME NAME 20 OAK HOLLOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL 34465** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 after like empowered.

50-2-E

Daytime Phone #