## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2001 8:00 am Secretary of State DOCUMENT # **F9400006597** BEACH ENGINEERING, INC. 04-18-2001 90040 034 \*\*\*150.00 Principal Place of Business Mailing Address 817 N.W. 30TH AVE. 817 N.W. 30TH AVE. OCALA FL 34475 OCALA FL 34475 AUUDIUNZ 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 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 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition MAME CHRISTENSEN, EVAN NAME STREET ADDRESS 10627 SW 55TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32608** TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME CHRISTENSEN, DANA NAME STREET ADDRESS 19898 SW 75TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34431** TITLE ☐ Delete ☐ Change Addition CHRISTENSEN, DAVID R MAME NAME STREET ADDRESS 9147 S.W. 197TH CIRCLE 5 STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34432** CITY-ST-ZIP X Delete TITLE TITLE Change | Addition CHRISTENSEN, DAVID D NAME NAME STREET ADDRESS 20 OAK HOLLOW DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BEVERLY HILLS FL 34465** TITLE ☐ Delete TITLE Change Addition CHRISTENSEN, ERIK NAME NAME STREET ADDRESS 8692 SW 55TH TERR STREET ADDRESS CITY-ST-ZIP **OCALA FL 34476** CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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, Fiorida 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Christensen 3-5-01 352-829-7168