

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000163

1. Entity Name

BEACH REFLECTIONS, LTD., INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90099 002 ***150.00

Principal Place of Business

Mailing Address

880-8 HWY A1A
PONTE VEDRA BCH FL 32082

880-8 HWY A1A
PONTE VEDRA BCH FL 32082

2. Principal Place of Business

3. Mailing Address

P.O. Box 3119

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Veda Beach, FL

4. FEI Number

54-1698876

Applied For

Not Applicable

Zip

Country

Zip

32084-3119

Country

St. John's

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent 32084-3119

7. Name and Address of New Registered Agent

BARTLETT, BARON L ESQ
50 HWY A1A #103
PONTE VEDRA BCH FL 32082

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DPT
STREET ADDRESS LOVING, DAVID O
CITY-ST-ZIP 100 INDIGO RUN
PONTE VEDRA BCH FL 32082

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

TITLE ☐ Delete
NAME DVS
STREET ADDRESS LOVING, JOAN B
CITY-ST-ZIP 100 INDIGO RUN
PONTE VEDRA BCH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David O. Loving, 01/10/2000

904-273-5162

CR2E034 (9/99)