## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## G18591 **DOCUMENT #**

1. Entity Name

Principal Place of Business

THE BEACH HOUSE OF FORT MYERS BEACH, INC.



**FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90145 044 \*\*\*150.00

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4960 ESTERIO BLVO. 4960 ESTERIO BLVO. FORT MYERS FL 33931 FORT MYERS FL 33931									_	· U.U		
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							_					
2. Principal F	Place of Busin	ness	3. Mailing Address					1		.B.II. #3815 B1851 81	014 01011 19 <b>2</b> 1	
Suite, Apt.	. #, etc.		Suit	te, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES		
City & State				& State		*	4.	FEI Number FO 0004400		Ap	plied For	
						<del>.</del>		59-2284423	·	No	t Applicable	
Zip Country			Zip		Coun	Country 5.		Certificate of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
			<del></del>			Street Address (P.O. Box Number is Not Acceptable)						
	ERO BLVD		. }									
FORT MYERS BEACH FL 33931												
						City			· FL	Zip Code	•	
8. The above	named entity	v submits this statement for	the purp	pose of changing its	register	d office or rea	istered ad	gent, or both, in the State of Fl		<u> </u>	and accept	
	tions of regist		parp	out of the state of the	109,000.	30 0 mbb or 70g	notorou ag	york, or boar, in the state of the	onaa. Tan	armar trini, c	and dooopt	
CIONIATURE												
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOT	E: Registere	d Agent signature re	quired when ri	reinstating)	DATE			
		! FEE IS \$150.00	. •									
		3 Fee will be \$550.00		ĺ				9. Election Campaign Fi	nancing≔- on. E		May Be to Fees	
		Florida Department of	State					Trust Fund Contribution	on. L	⊒ Added	to Fees	
10.		OFFICERS AND [	DIRECTO	RS	11.		AE	DDITIONS/CHANGES TO OF	ICERS AND	DIRECTORS	S IN 11	
TITLE	P			☐ Delete		:				☐ Change	Addition	
NAME	HARRIS, J				NAM	·						
TREET ADDRESS 4 FAIRVIEW BLVD ITY-ST-ZIP FT MYERS BEACH FL 33931						ET ADDRESS - ST-ZIP			•			
	T	DEADITIE 30301			——	<del>-   -</del>		New .			□ 14400	
TITLE Name	HARRIS, A	HINDEY M		☐ Delete	TITLE	I .				Change	Addition	
STREET ADDRESS	4 FAIRVIE					ET ADDRESS						
CITY-ST-ZIP		BEACH FL 33931				-ST-ZIP					:	
TITLE	SM -	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE					Change	Addition	
NAME	BARTER, F	ROBERT A			NAM	: [	1				_ [	
STREET ADDRESS	4969 ESTE				STRE	ET ADDRESS						
CITY-ST-ZIP	<del>}</del>	RS FL 33931			CITY	-ST-ZIP						
TITLE	D			Delete	TITLE	,				Change	Addition	
NAME	SMITH, H.				NAM			•				
STREET ADDRESS CITY-ST-ZIP	4960 ESTE	:RO BLVD. :RS FL 33931				ET ADDRESS						
<u>.</u>	<del></del>	INO FL 33831		<b>4</b> .		-ST-ZIP						
TITLE NAME	D  Smith, Ma	IDELINE		Delete	TITLE NAMI	į.	•-			☐ Change	Addition	
STREET ADDRESS	4960 ESTE					ET ADDRESS						
CITY-ST-ZIP		RS FL 33931				-ST-ZIP						
TITLE	D			☐ Delete	TITLE		_			Change	Addition	
NAME	_	ARTER, MARION A		m neigh	NAMI					☐ viiange		
STREET ADDRESS	4969 ESTE					ET ADDRESS						
CITY-ST-ZIP		RS FL 33931			CITY-	ST-ZIP						
12 Lhereby	cortify that the	information supplied with	this filing	door not qualify for	the ave	nation stated is	- Castion	110 07/3Vi) Florido Statutas	1 6:	tife , that the in		

I nereby 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, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachage, with an address, with all other like empowered.

SIGNATURE;