

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90112 044 ***150.00

DOCUMENT # G24676



1. Entity Name
THE BEACHES LEADER, INC.

Principal Place of Business
**1114 BEACH BLVD
PO BOX 50129
JACKSONVILLE BCH FL 32250**

Mailing Address
**1114 BEACH BLVD
PO BOX 50129
JACKSONVILLE BCH FL 32250**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2259316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, THOMAS H.
1114 BEACH BLVD.
JACKSONVILLE BEACH FL 32250**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas H. Wood Pres*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **WOOD, THOMAS H**
CITY-ST-ZIP **306 PABLO DR
PONTE VEDRA BCH, FL00000**

TITLE ☒ Change ☐ Addition
NAME **D P AS**
STREET ADDRESS **WOOD, THOMAS H.**
CITY-ST-ZIP **26 SOLONO ROAD
PONTE VEDRA BEACH, FL 32082**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WISE, JENNIFER W**
CITY-ST-ZIP **117 OSPREY RIDGE WAY
PONTE VEDRA BCH FL**

TITLE ☒ Change ☐ Addition
NAME **D V P T AS**
STREET ADDRESS **WISE, JENNIFER W.**
CITY-ST-ZIP **312 SAWMILL LANE
PONTE VEDRA BEACH, FL 32082**

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **STEPP, KAREN**
CITY-ST-ZIP **2559 PINTAIL DR. S.
JACKSONVILLE BCH FL**

TITLE ☒ Change ☐ Addition
NAME **D V P S**
STREET ADDRESS **STEPP, KAREN W.**
CITY-ST-ZIP **461 BIG TREE ROAD
PONTE VEDRA BEACH, FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE *Thomas H. Wood Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/26/03 Daytime Phone #

CR2E034 (10/02)