

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

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91591 008 ***150.00

DOCUMENT # G90924

1. Entity Name

BEAU'S DESIGN, INC.

DO NOT WRITE IN THIS SPACE

866593

2. Principal Place of Business c/o Larry Pitchford		3. Mailing Address c/o Larry Pitchford	
Suite, Apt. #, etc. 3401 Northeast 10th St. #5		Suite, Apt. #, etc. 3401 Northeast 10th St. #5	
City & State Pompano Beach, Florida		City & State Pompano Beach, Florida	
Zip 33062	Country	Zip 33062	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2381647		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Larry Pitchford		
Street Address (P.O. Box Number is Not Acceptable) 3401 Northeast 10th Street Suite 5			
City Pompano Beach			
State FL			
Zip Code 33062			

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 _____ (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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PST	NAME Pitchford, Larry	TITLE	NAME
STREET ADDRESS 3401 Northeast 10th Street #5	CITY-ST-ZIP Pompano Beach, Florida 33062	STREET ADDRESS	CITY-ST-ZIP
TITLE V	NAME Hughes, Dennis J.	TITLE	NAME
STREET ADDRESS 1501 Northwest 71st Terrace	CITY-ST-ZIP Hollywood, Florida	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Pitchford* **4-23-02** **954-942-3664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)