## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # G93058** BEACHSIDE MOTEL, INCORPORATED 04-19-2001 90334 025 \*\*\*150.00 Principal Place of Business Mailing Address % JERRY KIGHT % JERRY KIGHT DUDDUDGU 3172 SOUTH FLETCHER AVE. 3172 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2392194 Not Applicable Zip Zip 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 KIGHT, JERRY Street Address (P.O. Box Number is Not Acceptable) 3172 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034 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 if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition KIGHT, JERRY NAME MAME 2832 PARK SQ. PL. EAST STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE TITLE Change Addition KIGHT, JOY NAME NAME 2832 PARK SQ. PL. EAST STREET ADDRESS STREET ADDRESS CVTY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAMB STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I horeby 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.

STREET ADDRESS

CITY-ST-Z!P

SIGNATURE:

STREET ADDRESS

CHY, ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

Jerry E Kight Pres. / Owner 4-14-01