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

## G93058 DOCUMENT #

1. Entity Name

BEACHSIDE MOTEL, INCORPORATED



**FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90117 026 \*\*\*150.00

Principal Place of Business % JERRY KIGHT 3172 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034		Mailing Address % JERRY KIGHT 3172 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CH	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2392194	Applied For Not Applicable	
Zip	Country	Zip	Country		3.75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Age	nt	
		<u> </u>	Name			
KIGHT, JERRY			Street A	Street Address (P.O. Box Number is Not Acceptable)		
3172 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034						
			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						
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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIGHT, JERRY 2832 PARK SQ. PL. EAST FERNANDINA BEACH FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kight, West	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIGHT, JOY 2832 PARK SQ. PL. EAST FERNANDINA-BEACH FL 32034.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernandina Beach, FL 32034 Tres.  Kight, Shawn 552 Twin Oaks Lane Fernandina Beach, FL 3203	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	C	Change Addition	
TITLE		☐ Delete	TITLE		Change	

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 1 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 all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

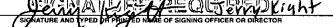
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ Delete

☐ Delete

3-2**8-**03

(904)261-4236

☐ Change

Addition