

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90070 035 ***150.00

DOCUMENT # H53206

1. Entity Name
THE BEACHCOMBER GROUP INC.

Principal Place of Business
PO BOX 5298
JACKSONVILLE FL 32247-2981
US

Mailing Address
P.O. BOX 5298
JACKSONVILLE FL 32247-2981
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2532354**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, RHONDA
360 SPANISH STREET
SAINT AUGUSTINE FL 32084

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CARTER, RHONDA | |
| STREET ADDRESS | 36 SPANISH STREET | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32084 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | VSIMS, ALYCE | |
| STREET ADDRESS | 9139 TEJAS COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KOVALY, MARLENE | |
| STREET ADDRESS | 627 GROVE PARK BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FARREN, ANNE | |
| STREET ADDRESS | 1214 HUBBARD STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32206 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Marlene Kovaly **Marlene Kovaly** **Treasurer** 3/09/02 904-724-9582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)