

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90041 037 ***155.00

DOCUMENT # K39979

1. Entity Name

BEACHLAND MILLWORK, INC.

Principal Place of Business

**665 3RD PLACE
VERO BEACH FL 32962-0638**

Mailing Address

**665 3RD PLACE
VERO BEACH FL 32962-0638**

2. Principal Place of Business

525 2ND ST SW

Suite, Apt. #, etc.

3. Mailing Address

525 2ND ST SW

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

59-2916062

Applied For

Not Applicable

Zip

32962

Country

INDIAN RIVER

Zip

32962

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELDNER, SHARON K

15 ROYAL PALM POINTE, APT. 15

VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4832 BETHEL CREEK DRIVE

City

VERO BEACH

FL

Zip Code

32963

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)

DATE

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

TITLE **DPT** ☐ Delete
NAME **SELDNER, SHARON K**
STREET ADDRESS **15 ROYAL PALM POINTE, APT. 15**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4832 BETHEL CREEK DRIVE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SHARON K. SELDNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON K. SELDNER, PRES 1/30/02 (561) 562-7601

Date

Daytime Phone #

CR2E034 (9/01)