

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90094 008 ****50.00

0059659

DOCUMENT # L01000001184

1. Entity Name

BEACH GEEKS LLC



Principal Place of Business

**344 MADEIRA CIRCLE
TIERRA VERDE FL 33715**

Mailing Address

**344 MADEIRA CIRCLE
TIERRA VERDE FL 33715**

2. Principal Place of Business

205 Boardwalk Pl

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 66927

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Madeira Beach, FL

City & State

St. Pete Beach FL

4. FEI Number

59-3694090

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33736

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVE., SUITE 1114
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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. 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)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TRACY, BRIAN J
344 MADEIRA CIRCLE
TIERRA VERDE FL 33715**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TRACY, D. DENESE
344 MADEIRA CIRCLE
TIERRA VERDE FL 33715**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DENISE TRACY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/10/03

Daytime Phone #

727-865-2111

CR2E083 (10/02)