

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90021 050 ****50.00

DOCUMENT # L02000011957

1. Entity Name
BEACON FINANCIAL HOLDINGS, LLC



Principal Place of Business

**510 EAST TARPON AVE
TARPON SPRINGS FL 34689**

Mailing Address

**510 EAST TARPON AVE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

2963 AUTUMN DR.

3. Mailing Address

2963 AUTUMN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL.

City & State

PALM HARBOR, FL

Zip

34683

Country

PINELLAS

Zip

34683

Country

PINELLAS

4. FEI Number

33-1004454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, ROBERT W
2963 AUTUMN DRIVE
PALM HARBOR FL 34683**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROBERT W. JOHNSTON
2963 AUTUMN DR.
PALM HARBOR, FL. 34683**

☐ Delete

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

2/15/03

**(727) 692-
7700**

CR2E083 (10/02)