2002 Uniform Business Report (UBR)

of the corporation or the recei changed, or on an attachmen

SIGNATURE:

with an address, with all other like empowered

Mar 12, 2002 8:00 am L23396 DOCUMENT # **Secretary of State** 1. Entity Name BEACH DISTRIBUTING, INC. 03-12-2002 90268 050 ***150.00 Principal Place of Business Mailing Address 539 SAN CHRISTOPHER DRIVE 539 SAN CHRISTOPHER DRIVE **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2972950 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -GASSMAN, ALAN S. Street Address (P.O. Box Number is Not Acceptable) 1212 COURT STREET SUITE B CLEARWATER FL 34616 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Addition ☐ Delete TITLE Change BEACH, WILLIAM NAME NAME 539 SAN CHRISTOPHER DR. STREET ADDRESS STREET ADDRESS Dunedin FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change TITLE ☐ Addition NAME BEACH, WENDY NAME 539 SAN CHRISTOPHER DR STREET ADDRESS STREET ADDRESS DUNEDIN FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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