

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90208 024 \*\*\*150.00

**DOCUMENT # L68320**

1. Entity Name

**BEACHES ANTIQUE GALLERY, INC.**

Principal Place of Business

Mailing Address

BOX 331333  
 BEACH FL 32266

PO BOX 331333  
 ATLANTIC BEACH FL 32233-1333

2. Principal Place of Business

1210 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 330108

Suite, Apt. #, etc.

City & State

Jacksonville Beach, Florida

City & State

Atlantic Beach, Florida

4. FEI Number

59-3004194

Applied For

Not Applicable

Zip

32250

Country

Duval

Zip

32233-0108

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SORRELL, MARY C**  
**2275 ATLANTIC BLVD.**  
**NEPTUNE BEACH FL 32266**

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.

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	PAULK, EMILY	
STREET ADDRESS	1210 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATERMAN, KATHLEEN	
STREET ADDRESS	1210 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIONIDES, CHRIS	
STREET ADDRESS	2275 ATLANTIC BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 line empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 241-1501

CR2E034 (9/99)