FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **L68320** 1. Entity Name BEACHES ANTIQUE GALLERY, INC. 02-01-2001 90054 029 ***150.00 Principal Place of Business Mailing Address PO BOX 330108 1210 BEACH BLVD. JACKSONVILLE BEACH FL 32250 ATLANTIC BEACH FL 32233-0108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3004194 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SORRELL, MARY C Street Address (P.O. Box Number is Not Acceptable) 2275 ATLANTIC BLVD. **NEPTUNE BEACH FL 32266** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition Director NAME PAULK, EMILY NAME STREET ADDRESS 1210 BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL TITLE Delete TITLE Director ☐ Change ★ Addition NAME WATERMAN, KATHLEEN NAME STREET ADDRESS 1210 BEACH BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Director ☐ Change *Addition NAME HIONIDES, CHRIS NAME STREET ADDRESS STREET ADDRESS 2275 ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH FL TITLE ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

(904) 241-1501 SIGNATURE AND TYPED DOR PRINTED NAME OF SIGNING CONTIS HIONIGES Daytime Phone #

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 employeered 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

SIGNATURE:

MARY C. SORRELL

Professional Association Attorney and Counselor at Law

Order of The Coif

Admitted to Practice

State and Federal Courts,
State of Florida
United States Federal Circuit Court
United States Court of Federal Claims

January 25, 2001

268320

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Beaches Antique Gallery, Inc.

Dear Sir/Madam:

Enclosed please find a 2001 Uniform Business Report regarding the above-referenced corporation, along with a check in the amount of \$150.00 in payment of the filing fee for same.

Should you have any questions and/or need additional information, please do not hesitate to telephone our office.

Thank you.

Very truly yours,

Barb Valore

Barb Valore

Secretary to Mary C. Sorrell, Esquire

/bv

Enclosures - 2