201-796-6633

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # L9600000985 **Secretary of State** 03-29-2002 90817 001 \*\*\*\*50 00 BEAUTY'S ISLAND PROPERTIES LIMITED COMPANY Principal Place of Business Mailing Address 1633 PERIWINKLE WAY 1633 PERIWINKLE WAY SUITE A SUITE A SANIBEL FL 33957 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0707325 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURTY, TIMOTHY J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MEM ☐ Addition ☐ Delete ☐ Change TITLE TITLE MCENTEE, JOHN E SR. NAME NAME STREET ADDRESS **181 BALLENTINE DRIVE** STREET ADDRESS CITY-ST-ZIP **NORTH HALEDON NJ 07508** CITY-ST-ZIP MEM ☐ Change Addition ☐ Delete TITLE TITLE MCENTEE, JOHN E JR. NAME NAME STREET ADDRESS 85 MIDWOOD ROAD STRFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GLEN ROCK NJ 07452** MEM -Change 🗀 Addition Delete TITLE MOIR, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 1904 LUCE CREEK CT CITY-ST-ZIP CITY-ST-ZIP **ANNAPOLIS MD 21401** MEM ☐ Addition ☐ Delete TITLE Change TITLE MOIR. DOMINIQUE NAME 1904 LUCE CREEK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP# ANNAPOLIS MD 21401 ☐ Addition ☐ Change MEM □ Delete TITLE MCENTEE, RUTHANN NAME NAME STREET ADDRESS STREET ADDRESS 181 BALLENTINE DRIVE CITY-ST-7IP CITY-ST-ZIP NORTH HALEDON NJ ☐ Change ☐ Addition MEM Delete TITLE TITLE MCENTEE, PATRICIA S NAME NAME 85 MIDWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GLENROCK NJ** 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.

MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE