<del></del>				
DOCU	MENT	#	N/771	QQ

1. Entity Name BEACH FINANCIAL CORPORATION					Secretary of State 09-09-2002 90017 002 ***150.00			
Principal Place of Business 701:ENTERPRISE RD 'EAST SUITE 410 SAFETY HARBOR FL 34695 US 2. Principal Place of Business		Mailing Address 701 ENTERPRISE RD EAST SUITE 410 SAFETY HARBOR FL 34695 US 3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4.	FEI Number <b>59-2890627</b>	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Reg	•		
		<del></del>	Name					
SADORF, RICK W % LEFTER, CUSHMAN, WILKINSON, & SADORF, PA		Street Add	eet Address (P.O. Box Number is Not Acceptable)					
_	CORMICK DR SUITE 105				<del>-</del> "	***		
	ATER FL 34619		City				<del></del>	
O The share			'			FL Zip Cod		
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or r	egistered ag	ent, or both, in the State of Floric	la. I am familiar with,	and accept	
CIONATION								
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signature	e required when re	einstating)	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  After September 13, 2002  Make Check Payable to D		2002 Fee will be	\$750.00	10. Election Campaign Finand Trust Fund Contribution.		0 May Be		
11.,	OFFICERS AND D		12.		LIDITIONS/CHANGES TO OFFICE	DS AND DIRECTOR	C IN 11	
TITLE	PDS	☐ Delete	TITLE	AL	DITIONS/CHANGES TO OFFICE	Change	Addition	
NAME Street address City-St-Zip	SEIDEL, WALTER M 701 ENTERPRISE ROAD EAST #4 SAFETY HARBOR FL 34695		NAME STREET ADDRESS CITY-ST-ZIP			Orango	, Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SADORF, RICK W 7015ENTERPRISE ROAD EAST #4 SAFETY HARBOR FL 34695	Delete 10	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE			□ Change	☐ Addition:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

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 eath; 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 like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9-3-02

77.5-2.500 (Daytima Phone # ;R2E034 (4/02)



September 3, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing in regards to our 2002 Uniform Business Report. We never received an original Uniform Business Report bill. I called in today because we received a bill in the amount of \$550.00 for not returning the original bill. I spoke with your representative Tireanny, she indicated that I could send in this form with a check for \$150.00. If you have any questions please call me at (727) 725-2500. Thank you.

Sincerely,

Jacki Kraig

Office Manager

ikraig@beachfinancial.com

(727) 725-2500 (727) 725-4506