

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90090 030 ****61.25

DOCUMENT # N98000006619
 1. Entity Name
BEACHAMP TOWER INFORMATION SYSTEMS, INC.
AKA: PENSACOLA BAY ECOSYSTEM MANAGEMENT

Principal Place of Business Mailing Address

ABU46171

2. Principal Place of Business
5574 ROUND PEN LANE
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3470
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MILTON, FL
 Zip
32570
 Country

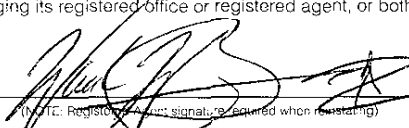
City & State
MILTON, FL
 Zip
32572
 Country
USA

4. FEI Number
59-3550236
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JACQUELINE M. GULLEY
5550 ROUND PEN LANE
MILTON, FL 32570

7. Name and Address of New Registered Agent
 Name
WARD W. BREWER II
 Street Address (P.O. Box Number is Not Acceptable)
6223 Hwy 90 Suite 182
 City
MILTON FL Zip Code
32570

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 **WARD W. BREWER II**  **4-3-2001**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when re-registering) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JACQUELINE M. GULLEY 5550 ROUND PEN LANE MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JOEL P. BREWER 6223 Hwy 90 Suite 182 MILTON, FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WARD W. BREWER II 6223 Hwy 90 Suite 182 MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JONATHAN D. ELLER 2702 CROMWELL ROAD GREENSBORO, NC 27407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jacqueline M. Gulley** **4-3-2001** **850-623-9083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)