

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002319

1. Entity Name
BEACHSIDE BROWNS BACKERS, INC.

Principal Place of Business
934 BEA PLACE
ROCKLEDGE FL 32955

Mailing Address
934 BEA PLACE
ROCKLEDGE FL 32955

2. Principal Place of Business
934 BEA PLACE
Suite, Apt. #, etc.

3. Mailing Address
934 BEA PLACE
Suite, Apt. #, etc.

City & State
Rockledge FLA
Zip
32955
Country
USA

City & State
Rockledge FLA
Zip
32955
Country
USA

4. FEI Number 59-3576790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, KENNETH R.
934 BEA PLACE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent
Name
KENNETH R. HIGGINBOTHAM
Street Address (P.O. Box Number is Not Acceptable)
934 BEA PLACE
City
Rockledge FL Zip Code
32955

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
Kenneth R Higginbotham
Signature, typed or printed name of registered agent and title if applicable.

7 JAN 2002
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
HIGGINBOTHAM, KENNETH R
STREET ADDRESS
934 BEA PLACE
CITY-ST-ZIP
ROCKLEDGE FL 32955 ☐ Delete

TITLE
NAME
COLLINS, JOLANTA
STREET ADDRESS
170 FLAGLER LN AP 109
CITY-ST-ZIP
COCOA BEACH FL 32931 ☐ Delete

TITLE
NAME
CAPRARA, JAMES
STREET ADDRESS
59 PARK ST
CITY-ST-ZIP
ROCKLEDGE FL 32955 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Katie Giering
59 PARK STREET
Rockledge, FLA 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Kenneth R Higginbotham

7 JAN 2002 321-634-1846

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90012 008 ****61.25



DO NOT WRITE IN THIS SPACE

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