2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2002 8:00 am DOCUMENT # N99000004992 Secretary of State 1. Entity Name BEACH BUILDING OFFICIALS ASSOCIATION OF FLORIDA, 02-28-2002 90065 031 ****61.25 INC. Mailing Address Principal Place of Business C/O MICHAEL NADEAU C/O MICHAEL NADEAU TOWN OF INDIAN SHORES-19305 GULF BLVD TOWN OF INDIAN SHORES-19305 GULF BLVD INDIAN SHORES FL 33785 INDIAN: SHORES FL 33785 2. Principal Place of Business 3. Mailing Address Town of Redington Shores 17425 Gulf Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT-APPLICABLE Not Applicable Redington Shores Fl <u>Redington Shores</u> \$8.75 Additional Country Country Zip 33708 5. Certificate of Status Desired П Fee Required Pinellas 33708 Pinellas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) JIROTKA, GEORGE M 501 E KENNEDY BLVD, SUITE 1700 **TAMPA FL 33602** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME MOORE, STANLEY E STREET ADDRESS STREET ADDRESS 17715 GULF BLVD #1022 CITY-ST-ZIP CITY-ST-ZIP REDINGTON SHORES FL 33708 ☐ Addition TITLE Change Delete TITLE President Nadeau, Michael Town of Redington Shores 17425 Gulf Blvd, Red Shores FL 33708 NAME NAME NADEAU, MICHAEL STREET ADDRESS STREET ADDRESS TOWN OF INDIAN SHORES-19305 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP INDIAN SHORES FL 33785 Change ☐ Addition TITLE Vice_President x☐ Delete TITLE D FINK, GEORGE NAME Fink, George 5780 11th St. NAME STREET ADDRESS STREET ADDRESS 5780 11TH ST S Petersburg FL 33705 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33705 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

12. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP