

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90061 046 ***150.00

DOCUMENT # P00000014064

1. Entity Name

BEACH NUTS CAFE & SPORTS BAR, INC.

Principal Place of Business

24641 US HIGHWAY 19 NORTH, SUITE 500
CLEARWATER FL 33763

Mailing Address

24641 US HIGHWAY 19 NORTH, SUITE 500
CLEARWATER FL 33763

2. Principal Place of Business

Beachnuts Cafe & Sports Bar Inc.
Suite, Apt. #, etc.

3. Mailing Address

24641
Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33763

Country

Pinellas

Zip

33763

Country

Pinellas

4. FEI Number

65-0986254

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SCHWARTZ, JAMES~~

24641 US HIGHWAY 19 NORTH, SUITE 500
CLEARWATER FL 33763

new owner

7. Name and Address of New Registered Agent

Name

JACQUELINE ELLIOTT

Street Address (P.O. Box Number is Not Acceptable)

24641 US Highway 19, N #500

City

Clearwater

FL

Zip Code

33763

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

Jacqueline Elliott *Jacqueline Elliott* *March 29, 2001*

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

(NOTE: Registered Agent signature required when reinstating)

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 IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing - Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME	<i>JACQUELINE ELLIOTT</i>	
STREET ADDRESS	<i>24641 - US 19 N. Suite 500</i>	
CITY - ST - ZIP	<i>Clearwater Florida - 33763</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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 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

Jacqueline Elliott *Jacqueline Elliott* *3-29-01 (222) 797-0253*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)