

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90182 046 ***150.00

DOCUMENT # P00000029608

1. Entity Name
BEACH COVE PROPERTIES, INC.



Principal Place of Business
BEACH COVE PROPERTIES, INC.
100 99TH ST. LOT 1
SEBASTIAN FL 32958

Mailing Address
BEACH COVE PROPERTIES, INC.
P.O. BOX 131
EXETER NH 03833



2. Principal Place of Business

BEACH COVE PROPERTIES INC

3. Mailing Address

BEACH COVE PROPERTIES INC

Suite, Apt. #, etc.

100 99th St Lot 1

Suite, Apt. #, etc.

PO Box 131

City & State

SEBASTIAN FL

City & State

EXETER NH

Zip

32958

Country

INDIAN RIVER

Zip

03833

Country

ROCKINGHAM

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3631736

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DEBRA
100 99TH STREET
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name **Debra L. Martin**

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

100 99th St

Lot 147

City **Sebastian**

FL

Zip Code

32958

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Debra L. Martin Property Manager

2-25-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRITTON, DANIEL E**
STREET ADDRESS **78 POWELL ST**
CITY-ST-ZIP **BROOKLINE MA 02446**

TITLE **VP** ☐ Delete
NAME **BRITTON, MICHAEL**
STREET ADDRESS **140 POWERMILL RD**
CITY-ST-ZIP **EXETER NH 03833**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03 (617) 731-3004

Date

Daytime Phone #

CR2E034 (10/02)