

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90084 028 ***150.00

DOCUMENT # P00000034508

1. Entity Name
BEACHDAZE, INC.

Principal Place of Business
**1311 CEDAR DRIVE
DAYTONA BEACH FL 32117**

Mailing Address
**1311 CEDAR DRIVE
DAYTONA BEACH FL 32117**

2. Principal Place of Business
1311 CEDAR CIRCLE

3. Mailing Address
1311 CEDAR CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

4. FEI Number
59-3629623

Applied For
Not Applicable

Zip
32117

Country

Zip
32117

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, NANCY L
1311 CEDAR DRIVE
DAYTONA BEACH FL 32117**

Name

Street Address (P.O. Box Numbers Not Acceptable)

1311 CEDAR CIRCLE

City

FL

Zip Code

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 *Nancy L. Campbell* **NANCY L. CAMPBELL** **1/31/01**
Signature, typed or printed name of registered agent and type, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, NANCY L	
STREET ADDRESS	1311 CEDAR DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES N JR	
STREET ADDRESS	1311 CEDAR DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, BRUCE L	
STREET ADDRESS	1311 CEDAR DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1311 CEDAR CIRCLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1311 CEDAR CIRCLE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1311 CEDAR CIRCLE	
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 address, with all other like empowered.

SIGNATURE: *Bruce L. Campbell* **BRUCE L. CAMPBELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan 01 **904-453-4301**
Date Daytime Phone #

CR2E034 (10/00)