

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2001 8:00 am**  
**Secretary of State**

08-07-2001 90007 048 \*\*\*150.00

**DOCUMENT # P00000076443**

1. Entity Name  
**BEACHSIDE BUILDERS, INC.**

Principal Place of Business  
**300 MELBOURNE AVE.**  
**INDIALANTIC FL 32903**

Mailing Address  
**300 MELBOURNE AVE.**  
**INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3465164**

Applied For

Not Applicable

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

**REID, WILLIAM D**  
**300 MELBOURNE AVE.**  
**INDIALANTIC FL 32903**

Name

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

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** ☐ Delete  
NAME **REID, WILLIAM D**  
STREET ADDRESS **300 MELBOURNE AVE.**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**8-1-01**

**321-733-6137**

0016046 AV

CR2E034 (5/01)

*Attachment*  
Beachside Builders, Inc.

300 Melbourne Avenue

Indianapolis, Fl. 32903

(321) 733-6137

*DOC #PA00000076443*

*C0074803*

To: Florida Department of State  
Division of Corporations

8/01/01

To whom it may concern,

Recently I received a renewal form from your division and after reading it realized I was being penalized for filing late. I was mailed this renewal form in July. I called and was told that it was my responsibility to file this form on time even though I did not have this form available to me. The gentleman explained what I must do in the future and told me to write this letter to your department and ask that you forgive the penalty this one time due to my lack of knowledge to what my responsibilities are in this matter. He also told me to forward a check in the amount of \$150.00. Thank you for your understanding in regards to my renewal for this current year. Please contact me if you need anything additional, again thank you.

*William D. Ford*