2001 UNIFORM BUSINESS REPORT (UBR)

		•	NESS REPO	RT	(UBR)		FI	LED			
DOCUMENT # P0000081007 1. Entity Name SOUTH BEACH (DAYTONA BEACH), INC. Principal Place of Business Mailing Address							Jan 19, 2001 8:00 am Secretary of State				
000111	OB (O) (5.11 . 01.1.1 <i>DE</i> .10.1.1,					01-19-2001 9	•			
Principal Place of Business 770 AIRPORT ROAD STE 7 ORMOND BEACH FL 32174			Mailing Address 770 AIRPORT ROAD STE 7 ORMOND BEACH FL 32174						J0479	*** ****	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			_		RITE IN THIS SI			
City & Stat	te		City & State			4.	FEI Number		Ar	oplied For	
· · · · · · · · · · · · · · · · · · ·		Country	Zip	try	,	59 367 323			ot Applicable		
· · · · ·							5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
	6. Name	and Address of Current	negistered Agent		Name		Name and Address of Nev	r Registered A	gent		
THOMPSON, ADRIAN 4 PINE LOOK PASS ORMOND BEACH FL 32174				Street Addre	ss (P.O.	Box Number is Not Accepta	ble)				
-					City			FL	Zip Cod	e	
8. The above	named entit	v submits this statement for	the purpose of changing its	register	ed office or real	stered a	agent, or both, in the State of		<u> </u>		
		,	F								
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature req	juired when	reinstating)	DATE			
Tax filing	-	pible to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal)01 Fee	will be \$550.0		10. Election Campaign Trust Fund Contribu	· -		00 May Be d to Fees	
11.		OFFICERS AND		12.				FFICERS AND	DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 PINE LO	On, adrian Ook pass Beach FL 32174	. Delete						☐ Change	☐ Addition	
TITLE	ORMOND	DEACHTE 32174	□ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					E EET ADDRESS -ST-ZIP		,				
TITLE		~~ ·	☐ Delete	TITL				-	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE					Change	☐ Addition	
CITY-ST-ZIP					-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete		E ET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP			☐ Delete	CITY	-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-2IP		\bigwedge		•	E ET ADDRESS -ST-ZIP						
indicated of the cor	on this repo	rt of supplemental report is he feceiver or thustee empo	true and accurate and that r	ny signa as requi	ture shall have t	the same	n 119.07(3)(i), Florida Statute e legal effect as if made unde orida Statutes; and that my na	er oath; that I ar	n an officer	or director	