FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State **DOCUMENT #** P00000089852 1. Entity Name 02-07-2002 90030 029 ***150.00 BEACH HAVEN, INC. Principal Place of Business Mailing Address 4980 GULF BLVD 4980 GULF BLVD 80018522 ST PETERSBURG FL 33706 ST PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3671999 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BACON, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) 2959 1ST AVE N ST PETERSBURG FL 33713 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE **GRABOWY, TADEUSZ** NAME NAME 4980 GULF BLVD STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE D۷ □ Delete TITLE NAME GRABOWY, MARIA NAME STREET ADDRESS 4980 GULF BLVD STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33706 CITY-ST-ZIP TITLE --- - Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 life empowered.