2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000117774 **DOCUMENT #**

1. Entity Name

BEACH BUTLER, INCORPORATED

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91449 020 ***150.00

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| Principal Plac | ce of Business | S | Mailir | ng Address | | | 7 | | | | | |
| 3754 PARLIAMENT DR. | | 3754 | 3754 PARLIAMENT DR. | | | - } | | | | | | |
| FERNANDINA | BCH FL 32034 | 4 | FERN | IANDINA BCH FL 320 | 34 | | | | | | | |
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| 2. Principal Place of Business | | | 3. Ma | iling Address | | | | 1 30 1 2 1 1 2 1 1 2 1 2 2 | | | INDIA DINI KNIH | |
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| Suite, Apt. | . #, etc. | | Suit | te, Apt. #, etc. | | | ļ | ☐ CHECK HERE I | F MAKING | CHANGES | | |
| 0.00 | | | | | | | - - | | | | | |
| City & Stat | te | | City | City & State | | 4. | FEI Number 59-2979945 | | | oplied For | 4 | |
| 7:- | | Causte | Zin | <u> </u> | | | | | | ot Applicable | ┧ | |
| Zip | 1 | Country | Zip | ip Country | | iu y | 5. | Certificate of Status Desired | | 8.75 Addee Require | | ļ |
| <u> </u> | 6 Name | and Address of Curren | t Bagieter | stored Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | O. IVallie | and Address of Curren | negister. | ed Agent | | Name | | Maine and Address of New Ad | gistered A | yent | | = = |
| DUMOU E | DENDA | | | | | • | | | | | | 1 |
| BUNCH, E | | _ | | | | Street Addre | ess (P.O. E | s (P.O. Box Number is Not Acceptable) | | | | |
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| | named entity tions of regist | | for the purp | oose of changing its | registere | ea onice or reg | istered ag | gent, or both, in the State of Flor | noa. Tam ia | ımılar with, | and accept | 1 |
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| SIGNATURE . | | | · | | | | | | | | | ľ |
| | Signature, typed | or printed name of registered ager | nt and title if app | plicable. (NOTE | : Registere | d Agent signature red | quired when r | einstating) | DATE - | | | 1 |
| F | ILE NOW!! | ! FEE IS \$150.00 | | Ì | | | | 9. Election Campaign Fina | ncina | &E 0 | 0 May Be | |
| | | 3 Fee will be \$550.00 | | Ĺ | | | | Trust Fund Contribution | | | to Fees | |
| Make Check | k Payable to | Florida Department | of State | · | i | | | | _ | . 1000 | - 10 1 2 2 2 | |
| 10. | | OFFICERS AN | DIRECTO | ORS | 11. | | ΑC | DDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | S IN 11 |], |
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| 12. Thereby o | certify that the | information supplied wi | th this filing | does not qualify for | the exe | motion stated in | n Section | 119.07(3)(i), Florida Statutes, I | further certi | fy that the in | nformation | ſ |

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:

Daytime Phone #