

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90209 034 ***150.00

040416 AV

DOCUMENT # P01000003917

1. Entity Name

BEACHSIDE MORTGAGE GROUP, INC.



Principal Place of Business

6865 SW 18TH STREET

#11

BOCA RATON FL 33433

US

Mailing Address

6865 SW 18TH STREET

#11

BOCA RATON FL 33433

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1070831**

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

MULLIN, JAMES G

2080 NW BOCA RATON BLVD #6

BOCA RATON FL 33431

Name

Kristen Johnson

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

6865 SW 18th Street #11

City

BOCA RATON

FL

Zip Code

33433

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **JOHNSON, KRISTEN M**
STREET ADDRESS **141 NW 20TH ST #126**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME **Johnson, Kristen**
STREET ADDRESS **6865 SW 18th Street #11**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **DV** ☐ Delete
NAME **GEIB, JUDI A**
STREET ADDRESS **141 NW 20TH ST #126**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME **Geib, Judi**
STREET ADDRESS **6865 SW 18th Street #11**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **DV** ☒ Delete
NAME **JOHNSON, SCOTT P**
STREET ADDRESS **141 NW 20TH ST #126**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE **DV** ☒ Delete
NAME **JOHNSON, DANA**
STREET ADDRESS **141 NW 20TH ST #126**
CITY-ST-ZIP **BOCA RATON FL 33431**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristen Johnson, President

Date

Daytime Phone #

4/22/03 561-367-8484

CR2E034 (10/02)