

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017367

1. Entity Name
BEACHSIDE BOOK STORE, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90086 034 ***150.00

Principal Place of Business
1607 BEACON STREET
NEW SMYRNA BEACH FL 32169

Mailing Address
1607 BEACON STREET
NEW SMYRNA BEACH FL 32169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593704246

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOOD, MAUREEN
1607 BEACON STREET
NEW SMYRNA BEACH FL 32169

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------------|--------------------|---------------------------|---------------------------------|
| | PST WOOD, MAUREEN | 1607 BEACON STREET | NEW SMYRNA BEACH FL 32169 | |
| | | | | <input type="checkbox"/> Delete |
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| | | | | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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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: Maureen Wood **REQUIRED** 02-10-02 386 547-1277
Signature and typed or printed name of signing officer or director Date Daytime Phone #