**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100023397  1. Entity Name WELCOME TO THE BEACH, INC.					Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90038 014 ***150.00		
Principal Place of Business  7453 SUNSET HARBOR DR. APT 2-107  NAVARRE BEACH FL 32566  Mailing Address  7453 SUNSET HARBOR DR. APT 2-107  NAVARRE BEACH FL 32566					1 ( <b>18</b> 4)( <b>18</b> 4) (184 <b>86)(</b> 8) (184) (18	INI BRIIK EBRII BEKIL KREER KKEE	LANGE BERK REER LEEK
2. Principal Place of Business 6721 Fl. Arwood Suite, Apt. #, etc.  3. Mailing Address 6721 Fl. Arwood Suite, Apt. #, etc.			'nhuooc	Q	, , , , , , , , , , , , , , , , , , , ,	WRITE IN THIS SPACE	
City & Star	arre 1-L	City & State  Vauarre  Zip	F.L.		FEI Number 19-3706	_ \$2.75	Applied For Not Applicable Additional
3256		32564	USA		Certificate of Status Desi	Fee Re	
	6. Name and Address of Current Re GREG ISET HARBOR DR, APT 2-107 BEACH FL 32566		Name Street A	Greg	Name and Address of N Carter  Banklumber is Not Accept  Carter	otable) Street	2+ \$2566
Signature	s named entity submits this statement for the name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	Title il applicable (NOTE: Re FILE NOW!!! After May 1, 2002	rgistered Agent signations FEE IS \$150. Fee will be \$5	ure required when to 00 s 50.00		IN Financing S	5.00 May Be
11.	ria on back)	Make Check Payable	to Departmen		DDITIONS/CHANGES TO	OFFICERS AND DIRECT	TOPS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARTER, GREG 7453 SUNSET HARBOR DR, APT 2 NAVARRE BEACH FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST	Eater Flint wood	32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Chai	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	7		☐ Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	ge Addition
indicated	certify that the information supplied with the on this report or supplemental report is troporation or the receiver of trustee empower or on an attachment wild an address, will	ue and accurate and that my s	ignature shall ha	ave the same.	legal effect as if made un	der oath: that I am an off	icer or director L

SIGNING OFFICER OR DIRECTOR J Date Daytime Phone #