

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90118 001 ***150.00

DOCUMENT # P01000027131

1. Entity Name
BEACH CLUB BILLIARDS, INC.



Principal Place of Business
**3501 W VINE ST. SUITE 101-103
KISSIMMEE FL 34741**

Mailing Address
**3501 W VINE ST. SUITE 101-103
KISSIMMEE FL 34741**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3705307**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**LAPOINTE, SHARON A
600 N THACKER AVE, SUITE A-12
KISSIMMEE FL 34741**

Name **LaPointe, Sharon A**
Street Address (P.O. Box Number is Not Acceptable)
600 N. Thacker Ave, Suite D42
City **Kissimmee** FL Zip Code **34741**

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 Sharon A LaPointe DATE 3-5-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **PD LAZRAC, NADIA**
STREET ADDRESS **2809 FALLING TREE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Addition
NAME **Lazrak, Nadia**
STREET ADDRESS **14340 Colonial Grand Blvd Apt 3302**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Delete
NAME **V LAPOINTE, SHARON A**
STREET ADDRESS **88 ZACALO WAY**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)