

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90099 017 \*\*\*158.75

**DOCUMENT # P01000033636**

1. Entity Name  
**BEACH BUM SERVICES INC.**

Principal Place of Business  
**2011 GULF BLVD., #4B**  
**INDIAN ROCKS BCH FL 33785**

Mailing Address  
**2011 GULF BLVD., #4B**  
**INDIAN ROCKS BCH FL 33785**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2101 GULF BLVD #4A**  
 Suite, Apt., etc.  
**#4A**

3. Mailing Address  
**2101 GULF BLVD #4A**  
 Suite, Apt., etc.  
**#4A**

City & State  
**INDIAN ROCKS BCH. FL.**  
 Zip  
**33785**  
 Country  
**USA**

City & State  
**INDIAN ROCKS BCH. FL.**  
 Zip  
**33785**  
 Country  
**USA**

4. FEI Number  
**59-3709619**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**FINAN, PATRICK**  
**2011 GULF BLVD., #4B**  
**INDIAN ROCKS BCH FL 33785**

## 7. Name and Address of New Registered Agent

Name  
**FINAN, PATRICK**  
 Street Address to City, State & Zip Number is Not Applicable  
**2101 GULF BLVD. #4A**  
 City  
**INDIAN ROCKS BCH. FL** Zip Code  
**33785**

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 *Patrick Finan* **PRESIDENT**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3-6-02**  
 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

TITLE  
**D** ☒ Delete  
 NAME  
**DAVIS, ANDREW**  
 STREET ADDRESS  
**2011 GULF BLVD., #4B**  
 CITY-ST-ZIP  
**INDIAN ROCKS BCH FL 33785**

TITLE  
**D** ☐ Delete  
 NAME  
**FINAN, PATRICK**  
 STREET ADDRESS  
**2011 GULF BLVD., #4B**  
 CITY-ST-ZIP  
**INDIAN ROCKS BCH FL 33785**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
**2101 GULF BLVD. #4A**  
 CITY-ST-ZIP

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

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

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

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

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: *Patrick Finan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-02**  
 Date

Daytime Phone #

CR2E034 (9/01)