

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90159 033 ***150.00

DOCUMENT # P01000051069

1. Entity Name
BEAD CORNER, INC.



Principal Place of Business
4004 W NEPTUNE ST. STE 101
TAMPA FL 33629

Mailing Address
4004 W NEPTUNE ST. STE 101
TAMPA FL 33629



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3718267**

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

PEREZ, FRANK III
2703 CLARK RD
TAMPA FL 33618

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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DUSSIB, KATHLEEN**
STREET ADDRESS **5816 UMISER WAY**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **P** ☒ Change ☐ Addition
NAME **Dutton, Kathleen**
STREET ADDRESS **5816 Cruiser Way**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **FLETCHER, IVY**
STREET ADDRESS **600 5TH AVE N**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE **V** ☐ Delete
NAME **RUSENBURGER, PATRICIA**
STREET ADDRESS **17323 LINDAYISTA CIRCLE**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE **V** ☒ Change ☐ Addition
NAME **Riesenburger, Patricia**
STREET ADDRESS **17323 Linda Vista Cir.**
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

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

Ivy Fletcher

Date

1/15/03

Daytime Phone #

813 281 1163

CR2E034 (10/02)