

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90285 048 ***150.00

DOCUMENT # P01000066063

1. Entity Name

BEACH COTTAGE CLOTHING, INC.

Principal Place of Business

**4828 FIRST COAST HWY STE 1
 FERNANDINA BCH FL 32034**

Mailing Address

**4828 FIRST COAST HWY STE 1
 FERNANDINA BCH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3734414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FREEHAFFER, CAROL A
 4828 FIRST COAST HWY STE 1
 FERNANDINA BCH FL 32034**

7. Name and Address of New Registered Agent

Name **Susan E. James**

Street Address (P.O. Box Number is Not Acceptable)
2809 Ocean Mist Dr.

City **Fernandina BCH, FL** Zip Code **32034**

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 **Carol Ann Freehafer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-12-02

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	<input type="checkbox"/> Delete
NAME	JAMES, DAVID E	
STREET ADDRESS	2809 OCEAN DR	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, CRAIG	
STREET ADDRESS	2786 JEAN LAFITTE DR	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, SUSAN E	
STREET ADDRESS	2809 OCEAN DR	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JUDY J	
STREET ADDRESS	2786 JEAN LAFITTE DR	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

SIGNATURE REQUIRED Susan E. James

Date

Daytime Phone #

4/10

261-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR