2003 FOR PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000066063 1. Entity Name 03-28-2003 90116 022 ***150.00 BEACH COTTAGE CLOTHING, INC. Principal Place of Business Mailing Address 70032770 4828 FIRST COAST HWY STE 1 4828 FIRST COAST HWY STE 1 FERNANDINA BCH FL 32034 FERNANDINA BCH FL 32034 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3734414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES, SUSAN E Street Address (P.O. Box Number is Not Acceptable) 2809 OCEAN MIST DR. FERNANDINA BEACH FL 32034 City Zip Code 8. The above named antity 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 A (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE [] Addition NAME NAME James, david e STREET ADDRESS STREET ADDRESS 2809 OCEAN DR CITY-ST-ZIP FERNANDINA BCH FL 32034 CITY-ST-ZIP Delete TITLE D TITLE Change ☐ Addition NAME NELSON, CRAIG NAME STREET ADDRESS 2786 JEAN LAFITTE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH FL 32034 TITLE TITLE ☐ Delete Change ☐ Addition NAME JAMES, SUSAN E STREET ADDRESS STREET ADDRESS 2809 OCEAN DR CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH FL 32034 TITLE Delete HILE Change Change ☐ Addition NAME NELSON, JUDY J NAME STREET ADDRESS 2786 JEAN LAFITTE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BCH FL 32034 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 fustee 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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition