

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90004 002 ***150.00

DOCUMENT # P01000067157

1. Entity Name

BEACON SOUTH CORP.

Principal Place of Business

**3411 ALADDIN WAY
 POMPAÑO BEACH FL 33069**

Mailing Address

**3411 ALADDIN WAY
 POMPAÑO BEACH FL 33069**

2. Principal Place of Business

1010 E. Cypress Dr.

Suite, Apt. #, etc.

3. Mailing Address

1010 E. Cypress Dr.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1118072

Applied For

Not Applicable

Zip

Country

33069 Broward

Zip

Country

33069 Broward

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

BURNS, JOHN T

3411 ALADDIN WAY

POMPAÑO BEACH FL 33069

Name

Burns, John T.

Street Address (P.O. Box Number is Not Acceptable)

1010 E. Cypress Dr.

City

Pompano Beach

FL

Zip Code

33069

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

John T. Burns

John T. Burns, Treasurer/Secretary

1/22/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PHILBIN, MARY A**
 STREET ADDRESS **1111 N. VICTORIA PARK RD. #2**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **President** ☒ Change ☐ Addition
 NAME **Philbin, Mary A.**
 STREET ADDRESS **1010 E. Cypress Dr.**
 CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **T** ☐ Delete
 NAME **BURNS, JOHN T**
 STREET ADDRESS **3411 ALADDIN WAY**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

TITLE **Treasurer, Secretary** ☒ Change ☐ Addition
 NAME **BURNS, JOHN T.**
 STREET ADDRESS **1010 E. Cypress Dr.**
 CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

John T. Burns
John T. Burns, Treasurer/Secretary

Date

1/22/02

Daytime Phone #

954-979-8696

CR2E034 (9/01)