

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**  
 05-17-2002 90007 015 \*\*\*158.75

0031800 AV

**DOCUMENT # P01000074206**

1. Entity Name  
**BEACHES BUILDING CONSTRUCTION SERVICES, INC.**

Principal Place of Business  
**109 PINE STREET  
 ATLANTIC BEACH FL 32233**

Mailing Address  
**109 PINE STREET  
 ATLANTIC BEACH FL 32233**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**370 4TH Avenue So.**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 50587**  
 Suite, Apt. #, etc.

City & State

**JACKSONVILLE BEACH FL**

City & State

**JACKSONVILLE BEACH FL**

4. FEI Number

**59-3733700**

Applied For

Not Applicable

Zip

**32250**

Country

**FLORIDA**

Zip

**32240**

Country

**FLORIDA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOWEN, BRADLEY N  
 109 PINE STREET  
 ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name  
**BRADLEY N. BOWEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4211 STACEY ROAD WEST**

City **JACKSONVILLE BEACH FL** Zip Code **32250**

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

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. (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 **PD** ☐ Delete  
 NAME **BOWEN, BRADLEY N**  
 STREET ADDRESS **PO BOX 49102**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32240-9102**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **BRADLEY N. BOWEN**  
 STREET ADDRESS **370 4TH Avenue So.**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**  
 Date

**904 247-0036**  
 Daytime Phone #

CR2E034 (9/01)