

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91785 022 \*\*\*150.00

**DOCUMENT # P01000096718**

**1. Entity Name**  
**BEACHSIDE MOTOR & MACHINE INCORPORATION**

**Principal Place of Business**

**416 S.E. 15 STREET  
 FT LAUDERDALE FL 33316**

**Mailing Address**

**416 S.E. 15 STREET  
 FT LAUDERDALE FL 33316**

**2. Principal Place of Business**

**420 Ston DR**

Suite, Apt. #, etc.

**# 2**

City & State

**W. Meib FL**

**3. Mailing Address**

**420 Ston DR**

Suite, Apt. #, etc.

**# 2**

City & State

**W Meib FL**

Zip

**32904**

Country

**USA**

Zip

**32904**

Country

**USA**

**6. Name and Address of Current Registered Agent**

**CORPAMERICA, INC.**

**416 S.E. 15 STREET**

**FT LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**

Name

**Pete Hancock**

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

**1714 Mosswood DR**

City

**meibourne**

FL

Zip Code

**32935**

**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** **Pete Hancock**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-02**

**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** **President** ☐ Delete  
**NAME** **Wanda Hancock**  
**STREET ADDRESS** **1714 Mosswood DR**  
**CITY-ST-ZIP** **meib FL 32904**

**TITLE** ☐ Delete  
**NAME** **Pete Hancock**  
**STREET ADDRESS** **Vice President**  
**CITY-ST-ZIP** **1714 Mosswood DR**  
**meib FL 32935**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DIRECTOR** ☐ Change ☒ Addition  
**NAME** **Bill Leach**  
**STREET ADDRESS** **1270 N WILKHAM RD**  
**CITY-ST-ZIP** **meib FL 32935**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** **Pete Hancock** **Pete Hancock**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02** **321 722 1833**  
 Date Daytime Phone #

CR2E034 (9/01)