

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90122 029 ***150.00

DOCUMENT # P02000053103

1. Entity Name
BEACHES HOME LIGHTING & ACCESSORIES, INC.



Principal Place of Business 1856 South 3RD ST JACKSONVILLE BCH, FL 32250
Mailing Address 1748 EVANS DR S JACKSONVILLE BCH FL 32250

2. Principal Place of Business 1856 South 3RD ST
3. Mailing Address 1856 South 3RD ST
Suite, Apt. #, etc.

City & State JACKSONVILLE BEACH, FL
City & State JACKSONVILLE BEACH, FL
Zip 32250 **Country** DUAL

4. FEI Number 75-3051105
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent PELOSO, ROBERT L
1748 EVANS DR S
JACKSONVILLE BCH FL 32250
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------|---|--|
| TITLE | PD | TITLE | |
| NAME | PELOSO, ROBERT L | NAME | |
| STREET ADDRESS | 1748 EVANS DR S | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE BCH FL 32250 | CITY-ST-ZIP | |
| TITLE | VST | TITLE | |
| NAME | WATTERS, TIMOTHY | NAME | |
| STREET ADDRESS | 837 TOURNAMENT RD | STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL 32082 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 trustee 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 an address, with all other like empowered.

SIGNATURE: *Robert L Peloso* **4/15/03** **904-247-4117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)