2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000073119 **DOCUMENT #**

1. Entity Name



FILED
May 05, 2003 8:00 am g
Secretary of State
05-05-2003 90148 008 ***150.00

FORGOTTEN BEACH COAST HEALTY, INC.											
Principat Place of Business 710 HIGHWAY 98 MEXICO BEACH FL 32410			Mailing Address 710 HIGHWAY 98 MEXICO BEACH FL 32410				I (BBIISD) SIC BRIS IIBIC BRIS	. AL IGL AG ISH GA IRI I	8868 (118) 11 86 1	ALBAN ANNI BERT	
2. Principal Place of Business			3. Mailing Address					, (1001)000 JIE 00110 1101 00111	: 80111 401)1 30 111)	2004 IIIII IIIII	11010 1011 100)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	е	City & State				-	4, F	El Number (7/- 107/20	87	<u> </u>	pplied For ot Applicable
Zip	Cip Country		Zip Coun			5. Certificate of Status Desired				\$8.75 Additional Fee Required	
	6. Name and Address of Current	Register	ed Agent				7. N	ame and Address of Nev	w Registered	Agent	
WESTON DETECTION					Name Kay EUBAHKS						
710 HIGHWAY 98					Street A	ddress (f	?.O. Ba	ox Number is Not Accepta	ible)		
MEXICO B	BEACH FL 32410							•			
					City	NEX	100	BEACH	FL	Zip Cod	ie 410
	named exitity submits this statement for ions of registered agen	r the pur	pose of changing its	register					Florida. am		
'SIGNATURE.	Sphatue, typed or printiad name of registered agent	and title if ap	plicable, (NOT	E: Registere	d Agent signate	ure required	when rei	nstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State						9. Election Campaign Trust Fund Contribu			00 May Be d to Fees
10.	OFFICERS AND		J DRS	11.			ADI	DITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
TITLE	P		☐ Delete	TITL	E	V			-	☐ Change	Addition
NAME STREET ADDRESS	TAMER, MARK 1029 E. 8TH AVENUE			NAM	EET ADDRESS	KA	<i>!</i> .:	EUBANKS			
CITY-ST-ZIP	DENVER CO 80218				-ST-ZIP	M	r Zvi	EUBANKS 16HWAY 98 160 BEACH			(
TITLE	V		Delete	TITL	 E		- ^ '			Change	Addition
NAME	WESTON, BELLY R		•	NAM							
STREET ADDRESS CITY-ST-ZIP	6112 CAPE SAN BLAS ROAD PORT ST. JOE FL 32456				ET ADDRESS - ST- ZIP						
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of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	true and wered to	accurate and that report	ny signat as requi	ture shall ba	ave the s	ame le	egal effect as if made unde	er oath: that I a	em an officer.	or director L