2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P02000082053

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

BEACH ESTATES, INC.

				WE WE						
Principal Place 2011 COCONUT HUTCHINSON IS		Mailing Address 2011 COCONUT DRIVE HUTCHINSON ISLAND FL 34949								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State				FEI Number 50526256			plied For t Applicable	
Zip	Country	Zip Cour		ntry		Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agen	t ·	T -	7.	Name and Address of New Re	gistered A	gent		ĺ
DAVID M. GAYNES, ESQ 7153 CATANIA DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)						
BOYNTON	BEACH FL 33437			City	.	,	FL	Zip Code	e	
SIGNATURE _ Ft	ons of registered agent. Signature, typed or printed name of registered age LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	0	(NOTE: Register	red Agent signatu	re required when r	einstating) 9. Election Campaign Final Trust Fund Contribution			0 May Be	
Make Check	Payable to Florida Department						5555 445	SUBEOTÓ D	2.01.44	
10.		D DIRECTORS	11	- 1		DDITIONS/CHANGES TO OFFI	CERS AND			নি
NAME STREET ADDRESS	D-くくさいかん STONE, IRV 2011 COCONUT DRIVE HUTCHINSON ISLAND FL 3494		STI	'LE Me Reet address IY-ST-ZIP	Hymi	resident in Zucker Sunset Isles Ri Pierce 71.34949	٧. ع	Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-,	NA STI	'LE .ME reet address ty-st-zip	Treas	urer + Secretar Zucker Sunset Isles la ierce 71.349	`	☐ Change	Addition	CR2
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TITLE NAME			00.00	TLE KME	1	···	-4	☐ Change	Addition	

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. ae rpa SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90064 047 ***158.75