

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90109 035 ***150.00

DOCUMENT # P02000093714

1. Entity Name
FABULOUS BEACH PROPERTIES, INC.



Principal Place of Business
4000 N FEDERAL HWY STE 201
BOCA RATON FL 33431

Mailing Address
4000 N FEDERAL HWY STE 201
BOCA RATON FL 33431



2. Principal Place of Business
711 Seagate Drive

3. Mailing Address
711 Seagate Drive

Suite, Apt. #, etc.
Delray Beach

Suite, Apt. #, etc.
Delray Beach

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33483

Country
USA

Zip
33483

Country
USA

4. FFL Number
82-0573411

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, JEFFREY A ESQUIRE
4000 N FEDERAL HWY STE 201
BOCA RATON FL 33431

Name
Kim Dwyer
Street Address (P.O. Box Number is Not Acceptable)
711 Seagate Drive
City
Delray Beach **FL** **Zip Code**
33483

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 **Kim Dwyer (pres)**

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

(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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ **Delete**
NAME
LEVINE, JEFFREY A
STREET ADDRESS
4000 N FEDERAL HWY STE 201
CITY-ST-ZIP
BOCA RATON FL 33431

TITLE
President ☒ **Change** ☐ **Addition**
NAME
Kim Dwyer
STREET ADDRESS
711 Seagate Drive
CITY-ST-ZIP
Delray Beach, FL 33483

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
D ☐ **Change** ☒ **Addition**
NAME
Robert L. Dwyer
STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Change** ☐ **Addition**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Change** ☐ **Addition**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Change** ☐ **Addition**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Delete**
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ **Change** ☐ **Addition**
NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kim Dwyer (pres)

Date

Daytime Phone #

1/16/03

561.573.2371

CR2E034 (10/02)