

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-05-2003 90114015***550.00

FILED P02000127198

0080363
AV

DOCUMENT # P02000127198

1. Entity Name
BEACH BREAK, INC.



03 SEP 10 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1904 ASCOTT RD.
NORTH PALM BEACH FL 33408

Mailing Address
1904 ASCOTT RD.
NORTH PALM BEACH FL 33408



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3755 MILITARY TRAIL

3. Mailing Address
3755 MILITARY TRAIL

Suite, Apt. #, etc.
A-7

Suite, Apt. #, etc.
A-7

City & State
JUPITER FL

City & State
JUPITER FL

4. FEI Number
02-0654842 E.I.N.

Applied For
Not Applicable

Zip Country
33458 USA

Zip Country
33458 USA

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

HAP, JEFFREY
341 WEST INDIANTOWN RD.
JUPITER FL 33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
PATRICIA MASON
1934 ASCOTT ROAD
N. PALM BEACH, FL 33408
U. PRESIDENT ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
PATRICIA MASON
1934 ASCOTT ROAD
N. PALM BEACH, FL 33408
U. PRESIDENT ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
RUSS MASON
1934 ASCOTT RD
N. PALM BEACH, FL 33408
PRESIDENT ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
RUSSELL MASON
1934 ASCOTT ROAD
N. PALM BEACH, FL 33408
PRESIDENT ☐ Change ☐ Addition

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

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

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

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

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

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

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

561-746-7717

Date

Daytime Phone #

CR2E034 (4/03)