

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14852

1. Entity Name

HIGHBEACH, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90005 007 \*\*\*150.00

Principal Place of Business

115 FRANCIN ST  
BANGOR ME 04402-0702  
US

Mailing Address

1000 MARKET ST  
BLDG 1  
PORTSMOUTH NH 03801  
US

952544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 01-0428078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WALSH, MICHAEL P.  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE S ☐ Delete  
NAME NEEDHAM, THOMAS E..  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD ☐ Delete  
NAME WALSH, MARK T.  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ Delete  
NAME WALSH, WILLIAM J.  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Delete  
NAME WALSH, THOMAS T.  
STREET ADDRESS 1100 LINTON BLVD STE C9  
CITY-ST-ZIP DELRAY BEACH FL

TITLE V ☐ Delete  
NAME LANIGAN, SUZANNE  
STREET ADDRESS 1000 MARKET ST BLDG 1  
CITY-ST-ZIP PORTSMOUTH NH 03801

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)