2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P29759

1. Entity Name

DOCUMENT #

BEACHSIDE OF STUART CORP.

Principal Place of Business 1151 SW 30TH ST STTE E		Mailing Address P O BOX 1938 PALM CITY FL 34990				
PALM CITTY I	FL 34990	US		- (
US 2. Principal Place of Business		3. Mailing Address				
z. mioipan	, and the second	S. Maining Flooress				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0174818	Applied For Not Applicable	
Zip	Country	Zip	Country	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	
HRAWG CORP.			Name	Name '		
			Street Address ((P.O. Box Number is Not Acceptable)		
2000 GLADES ROAD, SUITE 400 BOCA RATON FL 33431-7386						
BOCA HA	IUN FL 33431-7386					
			City	FL	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its reg	sistered office or register	red agent, or both, in the State of Florida. i am	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature required	d when reinstating) DATE		
Afte	IČE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c 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	PT	☐ Delete	TITLE		Change Addition	
NAME	MCGOOGAN, JAMES R.	· ·	NAME		}	
STREET ADDRESS CITY-ST-ZIP	1151 SW 30TH STT STE E PALM CITY FL		STREET ADDRESS CITY-ST-ZIP		1	
	S			-	☐ Change ☐ Addition	
TITLE NAME	TRAISTER, RICHARD V.	☐ Delete	TITLE NAME	·	☐ Change ☐ Addition	
	1151 SW 30TH ST STE E		STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	HOLBROOK, GEORGE W. JR	v <u></u> ∖ v 35.	NAME ;	· · · ·		
	1151 SW 30 ST., STE E		STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME CERET ADDRESS			
STREET ADDRESS	1		STREET ADDRESS			

•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,

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRES.

(772)220-4333

FILED

Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90193 040 ***150.00