

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P93000077772*

1. Entity Name

*BEACHSPORTS SHAWNEE, INC.***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4343 Collins Ave

Suite, Apt. #, etc.

3. Mailing Address

20650 NE 25th Pl.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Aventura, FL

4. FEI Number

65-0449021

Applied For

Not Applicable

Zip

33139

Country

Drde

Zip

33180

Country

*Drde*5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

"Same"

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

*4-19-03*9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Shawn A. GALICIC
20650 NE 25th Pl.
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
Bill GALICIC
343 Farnett Ch Rd.
Bridgeville, PA 15017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Shawn A. GALICIC
"Same as above"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Rita GALICIC
343 Farnett Ch. Rd.
Bridgeville, PA 15017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-21-03**786-412-1481*

CR2E034B (12/01)