

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-07-2002 90294 027 ***150.00

DOCUMENT # P93000079252

1. Entity Name
BEACHCOMBERS FROM AFAR, INC.

| | |
|---|--|
| Principal Place of Business 3100 WEST RIDGE DRIVE HOLIDAY FL 34691 | Mailing Address 1770 PARKER DR PICOA OH 45356 US |
|---|--|

0000



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0447517 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME D JOHNSTON, TIMOTHY Q STREET ADDRESS 1770 PARKER DRIVE CITY-ST-ZIP PIQUA OH 45356 | <input type="checkbox"/> Delete |
| TITLE NAME SECRETAR, TREASURER, & DIRECTOR | <input type="checkbox"/> Delete |
| TITLE NAME | <input type="checkbox"/> Delete |
| TITLE NAME | <input type="checkbox"/> Delete |
| TITLE NAME | <input type="checkbox"/> Delete |
| TITLE NAME | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME JENNINGS, JAMES D STREET ADDRESS 7183 JORDAN RD. CITY-ST-ZIP LEWISBURG, OHIO 45338 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME PRESIDENT & DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-19-02** Daytime Phone #: **(937) 773-4738**

CR2E094 (9/01)