

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90131 027 ***158.75

DOCUMENT # P94000029197



1. Entity Name
BEACHES BOOKS ON TAPE, INC.

Principal Place of Business
**3872 PONTE VEDRA CT.
JACKSONVILLE BEACH FL 32250
US**

Mailing Address
**3872 PONTE VEDRA CT.
JACKSONVILLE BEACH FL 32250
US**

2. Principal Place of Business
2297 2nd St. South
Suite, Apt. #, etc.

3. Mailing Address
2297 2nd St. South
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

4. FEI Number
59-3236865

Applied For
☐ Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

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

6. Name and Address of Current Registered Agent

**KENT, J. CLEVELAND
3872 PONTE VEDRA CT.
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name
Kent, J. Cleveland
Street Address (P.O. Box Number is Not Acceptable)
2297 2nd St. South
City
JACKSONVILLE FL Zip Code
32250

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, JAMES C JR. 3872 PONTE VEDRA CT JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, J. CLEVELAND 3872 PONTE VEDRA CT. JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, RITA S 3872 PONTE VEDRA CT JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, KELLY 3872 PONTE VEDRA CT JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDSON, KENT 3872 PONTE VEDRA CT JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, JASON 3872 PONTE VEDRA CT. JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kent, JAMES C. JR. 2739 RIVERSIDE AVE. JACKSONVILLE, FL. 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kent, J. Cleveland 2297 2nd St. South JACKSONVILLE, FL. 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kent, RITA S. 2297 2nd St. S. JACKSONVILLE, FL. 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly McDowell 12550 Windy Willows DR. N. JACKSONVILLE, FL. 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

904-241-0049

Date

Daytime Phone #

CR2E034 (10/02)