2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P94000066842** 05-13-2000 90008 006 ***150.00 H & R BEACH, INC. Mailing Address Principal Place of Business 1437 MEADOWLARK DRIVE 1437 MEADOWLARK DRIVE **DELTONA FL 32725-4659** DELTONA FL 32725 3. Mailing Address SAME 2. Principal Place of Business Samo Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3272835 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEACH, HELEN M Street Address (P.O. Box Number is Not Acceptable) 1437 MEADOWLARK DRIVE **DELTONA FL 32725** Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BEACH, HELEN M NAME STREET ADDRESS STREET ADDRESS 1437 MEADOWLARK DRIVE CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 TITLE Delete TITLE Change ☐ Addition NAME BEACH, RICHARD H NAME STREET ADDRESS 1437 MEADOWLARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NARP, DANIELD P NAME NAME STREET ADDRESS STREET ADDRESS 349 BLYTHEVILLE DR CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 TITLE ☐ Change ☐ Addition ☐ Delete TITLE DYMICK, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1437 MEADOWLARK DR CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

Deach

SIGNATURE: HELEN ME BEACH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/99)