2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 11, 2004 08:00 AM Secretary of State **DOCUMENT # P94000087913** 1. Entity Name UMBRELLA BEACH, INC. Principal Place of Business Mailing Address 303 NINTH STREET WEST 303 NINTH STREET WEST SUITE 201 BRADENTON FL 34205 SUITE 201 BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0546739 Not Applicable Zin Zπ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAVELY, JEFFREY D 303 NINTH STREET WEST Street Address (P.O. Box Number is Not Acceptable) SUITE 201 **BRADENTON FL 34205** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required which reinstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ٧S TS7LE Change Addition TITLE ☐ Detete NAME GRAVELY, JEFFREY D NAME U000000084986 303 NINTH STREET WEST SUITE 201 STREET ADDRESS STREET ADDRESS 03/11/04-80029-021 150.00 CITY -ST - ZIP BRADENTON FL 34205 CITY-ST-ZIP HE ☐ Change Addition mu ☐ Delete NAME SUMMERS, STEVE E NAME STREET ADDRESS 303 NINTH STREET WEST SUITE 201 STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34205 Caty - ST- ZIP Change Addition TITLE Delete TITLE MAME MAME BUSKIRK, FRANK A STREET ADORESS STREET ADDRESS 303 NINTH STREET WEST SUITE 201 CITY - ST- ZIP CITY-ST-70P **BRADENTON FL 34205** BILE Change ☐ Addition me ☐ Delete NAME VALENTE, JAMES R NAME 303 NINTH STREET WEST SUITE 201 STREET ADDRESS STREET ADDRESS BRADENTON FL 34205 CHTY-ST-ZIP CITY - ST - 218 Delete TITLE Change Addition HILE NAME MAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CATY - ST - ZIP ☐ Change TITLE ☐ Defete TITLE 🔲 Addilion NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 path, 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

(941) 750-9494

**FILED**