

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 041 ***150.00

DOCUMENT # P95000020187

1. Entity Name
NORTH BEACH ENGINEERING, INC.



Principal Place of Business: JACKSONVILLE FL, US
Mailing Address: JACKSONVILLE FL, US



2. Principal Place of Business: 3611-14 St. Johns Bluffs
3. Mailing Address: 3611-14 St. Johns Bluff Rd S.

CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3300554
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: SMOOT, WILLIAM T, JACKSONVILLE
7. Name and Address of New Registered Agent: SMOOT, WILLIAM T, 3611-14 St. Johns Bluff Rd S., JACKSONVILLE FL 32224

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: _____ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NMD NAME: SMOOT, WILLIAM T STREET ADDRESS: JACKSONVILLE FL CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 3611-14 St. Johns Bluff Rd S. CITY-ST-ZIP: JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DAVENPORT, KEVIN M STREET ADDRESS: JACKSONVILLE FL CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 3611-14 St. Johns Bluff Rd S. CITY-ST-ZIP: JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JONES, MYRA W STREET ADDRESS: JACKSONVILLE FL CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 3611-14 St. Johns Bluff Rd S. CITY-ST-ZIP: JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LEPETRIE, JAMES E STREET ADDRESS: JACKSONVILLE FL CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 3611-14 St. Johns Bluff Rd S. CITY-ST-ZIP: JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WHERY, HEATHER STREET ADDRESS: JACKSONVILLE FL CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE: D NAME: Heather W. Baxter STREET ADDRESS: 3611-14 St. Johns Bluff Rd S. CITY-ST-ZIP: JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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: William T. Smoot DATE: _____ DAYTIME PHONE #: 904-493-6500

CR2E034 (10/02)