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

P95000078909 DOCUMENT

1. Entity Name

BEACH COLONY PROPERTIES, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90136 022 ***150.00

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Principal Place of Business Mailing Address 13601 PERDIDO KEY DR 13601 PERDIDO KEY DR PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip 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 RETHATI. GEORGE O Street Address (P.O. Box Number is Not Acceptable) 13601 PERDIDO KEY DR PENSACOLA FL 32507 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 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, TITLE TITLE Change ☐ Addition ☐ Delete ZOHOURI, FRED NAME NAME STREET ADDRESS 13601 PERDIDO KEY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 Addition TITLE **VP** ☐ Delete TITLE ☐ Change NAME RETHATI, GEORGE NAME STREET ADDRESS STREET ADDRESS 13601 PERDIDO KEY DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITI F ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information purate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to the same legal effect as if made under oath; that I am an officer or director to the same that my name appears in Block 10 or Block 11 if I hereby certify that the information sup indicated on this report or supplementa lied with this of the corporation or the receiver or true changed, or on an attachment with an

SIGNATURE:

RECURRED George O. Rethati 1-20-03 850-492-2940

E OF SIGNING OFFICER OR DIRECTOR

Date

D sigi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR