

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90082 049 ***158.75

DOCUMENT # P96000008380

1. Entity Name
BEACHSIDE CONSULTING ENGINEERS, INC.

Principal Place of Business
 1957 SEMINOLE RD.
 ATLANTIC BEACH FL 32233

Mailing Address
 P O BOX 331118
 ATLANTIC BEACH FL 32233-118
 US

710852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 12581 Sawpit Rd

3. Mailing Address
 12581 Sawpit Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number **59-3366147**

Applied For
 Not Applicable

Zip **32226** Country **USA**

Zip **32226** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAKIN, PAUL M
559 ATLANTIC BLVD., STE. 4
ATLANTIC BEACH FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **MOORE, MARTHA L**
 CITY-ST-ZIP **1957 SEMINOLE RD. ATLANTIC BEACH FL 32233**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12581 Sawpit Rd**
 CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

13. 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.

SIGNATURE: *Martina L. Moore* **Martina L. Moore**

2.1.01

(904) 751-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)