

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053063

1. Entity Name

ELECTRIC BEACH INTERNATIONAL, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90018 045 ***150.00

Principal Place of Business

3280 N. HWY 17-92
#104
LONGWOOD FL 32750

Mailing Address

1875 WENTWOOD COVE
LAKE MARY FL 32746-6243

2. Principal Place of Business

216 CLERMONT AVENUE

3. Mailing Address

216 CLERMONT AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3396653

Applied For

Not Applicable

Zip

Country

32746

U.S.A.

Zip

Country

32746

U.S.A.

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

SMITH, KEVIN
1875 WENTWOOD COVE
LAKE MARY FL 32746

Name

KEVIN SMITH

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

216 CLERMONT AVENUE

City

LAKE MARY

FL

Zip Code

32746

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PT
NAME KEVIN SMITH
STREET ADDRESS 1875 WENTWOOD COVE
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVP
NAME WENDY SMITH
STREET ADDRESS 1875 WENTWOOD COVE
CITY-ST-ZIP LAKE MARY FL 32746

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN SMITH

Date

03/06/00 (407) 3200861

Daytime Phone #

CR2E034 (9/99)