

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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90055 006 ***150.00

DOCUMENT # P96000053063

1. Entity Name

ELECTRIC BEACH INTERNATIONAL,
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

216 CHERMONT RD

Suite, Apt. #, etc.

216 CHERMONT RD

City & State

LAKE MARY FL

City & State

LAKE MARY FL

4. FEI Number

59-3396653

Applied For

Not Applicable

Zip

32746

Country

U.S.A.

Zip

32746

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KEVIN SMITH

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

216 CHERMONT ROAD

City

LAKE MARY

FL

Zip Code

32746

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
KEVIN SMITH
216 CHERMONT ROAD
LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
WENDY SMITH
216 CHERMONT ROAD
LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN C. SMITH

Date

Daytime Phone #

407-320-0861

CR2E034B (12/02)