## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000039230 Jan 19, 2000 8:00 am **Secretary of State** BEACH BARN WHOLESALE FURNITURE, INC. 01-19-2000 90292 024 \*\*\*150.00 Principal Place of Business Mailing Address 20520 BACK BEACH ROAD 20520 BACK BEACH ROAD PANAMA CITY BCH FL 32413 PANAMA CITY BCH FL 32413 COUDIALI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3443634 Not Applicable Zip 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 Name CRENSHAW, RICHARD CLARK Street Address (P.O. Box Number is Not Acceptable) 432 YORK STREET **GULF BREEZE FL 32561** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so., After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PHILLIPS, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 804 DOWNTOWNER BLVD. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36609 Delete ☐ Change ☐ Addition TITLE TITLE NAME PHILLIPS, CHARLES B NAME STREET ADDRESS STREET ADDRESS 111 BEVERLY COURT CITY-ST-7IP CITY-ST-7IP MOBILE AL 36604 ☐ Addition ☐ Change TITLE Delete TITLE NAME PHILLIPS, GAYLE C NAME STREET ADDRESS STREET ADDRESS 804 DOWNTOWNER BLVD. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36609 Delete ☐ Change ☐ Addition TITLE TITLE NAME PHILLIPS, CHERYL T NAME STREET ADDRESS STREET ADDRESS 111 BEVERLY COURT CITY-ST-ZIP CITY-ST-7IP MOBILE AL 36609 ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [ ] Change ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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