

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90023 037 ***150.00

DOCUMENT # P97000039230

1. Entity Name

BEACH BARN WHOLESALE FURNITURE, INC.

Principal Place of Business

**20520 BACK BEACH ROAD
 PANAMA CITY BCH FL 32413**

Mailing Address

**20520 BACK BEACH ROAD
 PANAMA CITY BCH FL 32413**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3443634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRENSHAW, RICHARD CLARK
 432 YORK STREET
 GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

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

TITLE **PS** ☐ Delete
 NAME **PHILLIPS, WILLIAM L**
 STREET ADDRESS **804 DOWNTOWNER BLVD.**
 CITY-ST-ZIP **MOBILE AL 36609**

TITLE **VPT** ☐ Delete
 NAME **PHILLIPS, CHARLES B**
 STREET ADDRESS **111 BEVERLY COURT**
 CITY-ST-ZIP **MOBILE AL 36604**

TITLE **D** ☐ Delete
 NAME **PHILLIPS, GAYLE C**
 STREET ADDRESS **804 DOWNTOWNER BLVD.**
 CITY-ST-ZIP **MOBILE AL 36609**

TITLE **D** ☐ Delete
 NAME **PHILLIPS, CHERYL T**
 STREET ADDRESS **111 BEVERLY COURT**
 CITY-ST-ZIP **MOBILE AL 36609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

2-7-01 850-233-1616

CR2E034 (10/00)