


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000054981 1. Entity Name BEACH TRANSFER MOVING & STORAGE, INC.						FILED 04 OCT 25 PM 4: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 433 75TH AVENUE ST. PETE BEACH, FL 33706		Mailing Address 6556 Fairway View Blvd So 236-41 AVENUE ST. PETERSBURG, FL 33706		10212004 REIN-P CR2E098 (6/04)		4. FEI Number 59-3459379		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KILPATRICK, CAROL P 236-41 AVENUE 6556 Fairway View Blvd So ST. PETE BEACH, FL 33706 ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
City & State		City & State		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: <u><i>Carol P Kilpatrick</i></u> 10/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KILPATRICK, THOMAS C <input type="checkbox"/> Delete 236-41ST AVENUE 6556 Fairway View Blvd So ST. PETE BEACH, FL 33706 ST. PETERSBURG, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP KILPATRICK, JAMES D <input type="checkbox"/> Delete 3796 BELLE VISTA DRIVE E ST. PETE BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP 300042164503 10/25/04--01082--003 **300.00		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u><i>Thomas C Kilpatrick</i></u> 10/21/04 (727)307-1741 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				TITLE NAME STREET ADDRESS CITY-ST-ZIP					