

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

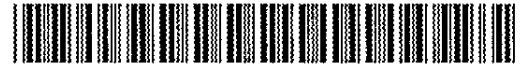
DOCUMENT # P97000056591



1. Entity Name
BEACH BLVD AUTO SERVICES & SALES, INC.

Principal Place of Business
5144 BEACH BLVD
JACKSONVILLE, FL 32207

Mailing Address
5144 BEACH BLVD
JACKSONVILLE, FL 32207



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3454668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELKINS, HAROLD
720 ST. JOHNS BLUFF ROAD
NO. #4
JACKSONVILLE, FL 32225

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1101000096733
03/26/04-90010-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME YOO, JAE BUM
STREET ADDRESS 5144 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/24/04 904 398-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #