2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# P97000068118

Entity Name: CUVEE BEACH, INC.

Current Principal Place of Business:

36120 EMERALD COAST PKWY
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

1515 DRUMMOND AVE.
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3462652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNNERY, BRENDA B
1500 WEST BEACH DRIVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NUNNERY, PHILIP J
Address: 1500 WEST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: NUNNERY, BRENDA B
Address: 1500 WEST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: DENT, WILLIAM W
Address: 1515 DRUMMOND
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: DENT, ANN C
Address: 1515 DRUMMOND
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN DENT D 04/24/2003

Electronic Signature of Signing Officer or Director Date