

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90152 050 \*\*\*150.00

**22000901**



☒ CHECK HERE IF MAKING CHANGES

**DOCUMENT # P97000096478**

**1. Entity Name**  
**BEACH ZONE/DESTIN, INC.**



**Principal Place of Business**  
**32871 EMERALD COAST PKWY**  
**DESTIN FL 32541**  
**US**

**Mailing Address**  
**34871 EMERALD COAST PKWY**  
**DESTIN FL 32541**  
**US**

**2. Principal Place of Business**  
**34871 Emerald Coast Pkwy**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Destin, FL**

**City & State**

**4. FEI Number** **59-3493661**

**Applied For**  
**Not Applicable**

**Zip** **32541** **Country** **US**

**Zip** **Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VALLIANATOE, ANDREW**  
**34871 EMERALD COAST PKWY**  
**DESTIN FL 32541**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DS** ☐ Delete  
**NAME** **VALLIANATOS, ANDREW**  
**STREET ADDRESS** **34871 EMERALD COAST PKWY**  
**CITY-ST-ZIP** **DESTIN FL 32541**

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

**TITLE** **DV** ☐ Delete  
**NAME** **VALLIANATOS, JOHN**  
**STREET ADDRESS** **34871 EMERALD COAST PKWY**  
**CITY-ST-ZIP** **DESTIN FL 32541**

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

**TITLE** **DP** ☐ Delete  
**NAME** **LUPER, ZVI**  
**STREET ADDRESS** **7861 BAYOU CLUB BLVD**  
**CITY-ST-ZIP** **LARGO FL 33777**

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

**TITLE** **DT** ☐ Delete  
**NAME** **LUPER, HANAN**  
**STREET ADDRESS** **7278 SAWGRASS POINT DR.**  
**CITY-ST-ZIP** **PINELLAS PARK FL 33782**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:** *Andrew Vallianatos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-29-03 (850) 837-4500*

CR2E034 (10/02)