2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90077 044 ***150.00

DOCUMENT # P97000096758

1. Entity Name
BEACON FISHERIES INC.

Principal Place of Business	Mailing Address
12643 HIDDEN CIR E JACKSONVILLE FL 32225	12643 HIDDEN CIR E JACKSONVILLE FL 32225-1203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12643 Hidden Cir. E.		12643 Hidden Cir. E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Jacksonville, FL		Jacksonville, FL	
City & State		City & State	
32225	USA	32225	USA
Zip	Country	Zip	Country

4. FEI Number 59-3478749 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T
6221 BANYAN TERR.
PLANTATION FL 33317

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY, MIKE 1524 SUNNYMEADE DR. JACKSONVILLE FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eddy, Mike 12643 Hidden Cir. E. Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, MIKE 1524 SUNNYMEADE DR. JACKSONVILLE FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Black, Mike 6211 NW 65th Terrace Parkland, FL 33067	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED [signature] 1-29-00 904-641-7778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #