## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000096758

Entity Name: BEACON FISHERIES INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12643 HIDDEN CIR E

JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

12643 HIDDEN CIR E

JACKSONVILLE, FL 32225 US

FEI Number: 59-3478749 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGONIGLE, JAMES T 6221 BANYAN TERR.

6221 BANYAN TERR. PLANTATION, FL 33317 US EDDY, MICHAEL A 12643 HIDDEN CIRCLE E. JACKSONVILLE, FL 32225 US

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: MICHAEL A. EDDY 04/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 EDDY, MIKE
 Name:
 EDDY, MIKE A

 Address:
 12643 HIDDEN CIR E
 12643 HIDDEN CIR E

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225 US

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BLACK, MIKE
 Name:
 BLACK, MIKE E

 Address:
 6211 NW 65TH TERR
 Address:
 6211 NW 65TH TERR

 City-St-Zip:
 PARKLAND, FL 33067
 City-St-Zip:
 PARKLAND, FL 33067 US

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: MIKE EDDY SC 04/26/2002