

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097991

1. Entity Name

BEACH ISLAND IMPORTS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90133 033 ***150.00

Principal Place of Business

Mailing Address

405 PINEY POINT ROAD
FREEPORT FL 32439

405 PINEY POINT ROAD
FREEPORT FL 32439-2865

2. Principal Place of Business

53 Carol Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Freeport, FL

City & State

4. FEI Number

59-3473013

Applied For

Not Applicable

Zip

Country

32439

Walton

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAIRD, CHANA M
405 PINEY POINT ROAD
FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name Chana Maria Craig-Price

Street Address (P.O. Box Number is Not Acceptable)
405 Piney Point Road

City Freeport

FL

Zip Code 32439

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

Chana Maria Craig-Price

4-27-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, DAVID 405 PINEY PT. RD. FREEPORT FL 32439	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAIRD, CHANA M. 405 PINEY PT. RD. FREEPORT FL 32439	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Secretary David Price 405 Piney Point Road Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Chana Maria Craig-Price 405 Piney Point Road Freeport, FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Chana Maria Craig-Price

4-27-00

Date

Daytime Phone #

CR2E034 (9/99)