

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 045 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000020533 1. Entity Name Beach Walk Cafe, Inc.
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DO NOT WRITE IN THIS SPACE

11041355

2. Principal Place of Business 2996 Scenic Hwy 98 Suite, Apt. #, etc.	3. Mailing Address 2996 Scenic Hwy 98 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Destin, FL Zip 32541 Country	City & State Destin, FL Zip 32541 Country	4. FEI Number 59-3500376 Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Pleat, David B.
Street Address (P.O. Box Number is Not Acceptable)
4477 Legendary Drive
City
Destin **FL** **Zip Code**
32541

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Creehan, Timothy 2996 Scenic Highway 98 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Edward T. Johnson 307 Osceola Court Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

850-650-7100

Daytime Phone #