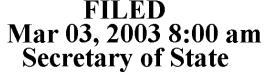
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR P98000073163 **DOCUMENT #** 1. Entity Name BEACHES ACUPUNCTURE AND WELLNESS CENTER, INC.



03-03-2003 90902 041 \*\*\*150.00

CHECK HERE IF MAKING CHA	NGES
FEI Number 59-3529449	Applied For
35 3325449	Not Applicable
Fee R	5 Additional equired
Name and Address of New Registered Agent	
Box Number is Not Acceptable)	
FL Zip	o Code
gent, or both, in the State of Florida. I am familiar	with, and accept
3/3/n=	
	<u> </u>
reinstating) DATE	
Trust Fund Contribution.	\$5.00 May Be Added to Fees
DDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11

		<b>,</b>			
212 33RD A	ace of Business AVENUE SOUTH LLE FL 32250	Mailing Address 212 33RD AVENUE SOU JACKSONVILLE FL 3225		10031282	
0 Discount					
2. Principal	Place of Business	3. Mailing Address	<u> </u>	I SANZUBER JUR CORRES SANTA BRANT BRANT BRANT TREBE SYNTE HIRIT BRANT	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State		4. FEI Number 59-3529449 Applied Fr	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	cable
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
LOCKWO	DOD, JOYCE		Name		
212 33RI			Street Ac	ddress (P.O. Box Number is Not Acceptable)	<del></del>
	NVILLE BCH FL 32250		<del>-</del>	<del></del>	
	301112 32200		City	FL Zip Code	
8. The above	e named entity submits this statement for	r the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and acc	ant.
SIGNATURE	A .	mand (		ockwood) 3/3/03	cpc
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	<u> </u>	ure required when reinstating)  DATE	
	FILE NOW!!! FEE IS \$150.00			O. Floritan Committee Time	
Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.	Вe ;
TITLE of	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, JOYCE 212 33RD AVENUE SOUTH JACKSONVILLE FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	lition
TITLE		☐ Delete	TITLE	☐ Change · ☐ Addi	ition
NAME STREET ADDRESS			NAME	_ onango _ non	10077
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1
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NAME - ~			= NAME	☐ Change ☐ Addi	nion
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Addit	ition
NAME Street address			NAME	Julijo	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addit	tion
NAME			NAME	☐ Change ☐ Additi	noi,
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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NAME		La Delete	TITLE NAME	☐ Change ☐ Additi	ion
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS		
01-21			- OTT OT TIE		

12. I hereby certify that the information supplied with this filling 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 office 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

SIGNATURE:

Joyce Lockwood

904 270-1499

Date