

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000076852**

1. Entity Name
BEACH BALL MOTEL, INC.

FILED

Jan 19, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
3008 BAYSHORE DR. FT. LAUDERDALE 33304		3008 BAYSHORE DR. FT. LAUDERDALE FL 33304	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0864509	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			
BURNS ROBERT 3008 BAYSHORE DR. FT. LAUDERDALE 33304 US			

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 _____

01/19/2001

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ROBERTS JOSEPH 3008 BAYSHORE DR. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS ROBERT 3008 BAYSHORE DR. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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.				
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SIGNATURE: Robert Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 01/19/2001

Date

Daytime Phone #

CR2E034 (11/00)