2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE:

FILED Mar 01, 2001 8:00 am DOCUMENT # **P98000082141** Secretary of State 1. Entity Name BEACHSIDE SEAFOOD & SANDWICH CO, INC. 03-01-2001 91341 027 ***150.00 Principal Place of Business Mailing Address 120 S 3RD ST 20 S 3RD ST JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 C0028325 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For-City & State City & State 4. FEI Number 59-3529341 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Barnett, William e jr Street Address (P.O. Box Number is Not Acceptable) 120 S 3RD ST JACKSONVILLE BEACH FL 32250 Zip Code City of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE and title if applica FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intang 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME BARNETT, WILLIAM E JR NAME STREET ADDRESS STREET ADDRESS 120 S 3RD ST CITY-ST-ZIP CITY-ST-ZIP Jacksonville Beach FL 32250 Change Addition ☐ Delete TITLE TITLE NAME BARNETT, CHRISTINA NAME STREET ADDRESS STREET ADDRESS 120 S THIRD ST CITY-ST-ZIP CITY-ST-ZIP Jacksonville Beach FL 32250 ☐ Addition Change ☐ Detete TITLE TITLE NAME NAME CHAPMAN, JOSEPH STREET ADDRESS STREET ADDRESS 120 S THIRD ST CITY-ST-ZIP CITY-ST-ZIP Jacksonville Beach FL 32250 ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Boes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information supplied with this filling of does not quality for the exemption stated in Section 113.07(5)(r), in linear contacts, that I am an officer or director of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if rt is try indicated on this report or supp emental rep empoyere ress with a of the corporation or the repe or trustee

OR DIRECTOR