## 2002 UNIFORM BUSINESS REPORT (UBR) P98000082141 **DOCUMENT #** 1. Entity Name BEACHSIDE, SEAFOOD & SANDWICH CO, INC. STRILL BINGS Principal Place of Business Mailing Address 120 S 3RD ST (1.0.2) 120 S 3RD ST JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

**SIGNATURE:** 

## FILED May 29, 2002 8:00 am Secretary of State

05-29-2002 90711 004 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

City & Stat	Esanville Beach &	City & State  L JAX Be	in FL	4. 1	<sup>FEI Number</sup> 59-3529341	<b></b>	Applied For Not Applicable	
Zip 322	5 D Country 5 D U.S.A	Zip	Country USA	5. (	Certificate of Status Desired	□ \$8.75 Ac Fee Requir	dditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Name								
BARNETT	r, WILLIAM E JR	01 - 11 4	O and Add and D O' Park I and Add a Country					
-Street Address (P.O. Box Number is Not Acceptable)								
JACKSONVILLE BEACH FL 32250								
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			City			FL Zip Cod	de	
9 The above	e named entity submits this statement for the	o surpass of changing its ra	aistored office or		ant or both in the State of Florid			
<b>6.</b> The above	e named entity submits this statement for the	e purpose or changing its re	gistered office of	registereo ag	ent, or both, in the State of Florida	<b>a</b> .	ļ	
1							{	
SIGNATURE	Signature, typed or printed name of registered agent and t	tle if applicable (NOTE: R	legistered Agent signatu	re required when re	inetation)	DATE	i	
	and an appear of printed hand of regions of again, and	(10/2/)	ogicioro rigorii ogridic	Tuquilos miorro	I	DAIL		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F			- +	_	10. Election Campaign Finance	eina ' <b>¢</b> = (	00 May Be	
<ul> <li>         ← Tax filing requirement and elects to do so.     </li> <li>         ← (See criteria on back)     </li> <li>         ← Make Check Payable     </li> </ul>			9		Trust Fund Contribution.		ed to Fees	
• (See crite	ria on back)	Make Check Payable	to Department	of State		British Care III.	" A C. L. C.	
11.	OFFICERS AND DIR	ECTORS	12.	AD.	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11	
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NAME	BARNETT; WILLIAM E JR	10 2 3 3 \$1.	NAME		•		l	
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CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP				,	
TITLE	V.	☐ Delete	TITLE		- " -	☐ Change	Addition	
NAME	BARNETT, CHRISTINA	_	NAME					
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CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP				}	
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NAME	CHAPMAN, JOSEPH	- 2000	NAME					
STREET ADDRESS	120 S THIRD ST		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP					
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NAME .	سا د. است ب د اد د د د	~~.	NAME	-,•				
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indicated	pertify that the information supplied with this on this report or supplemental report is true	ining aces not quality for the and that my:	e exemption state signature shall ha	u in Section 1 ve the same l	। ।७.७७(३)(।), Fiorida Statutes. I fur egal effect as if made under oath	mer certify that the i	niormation   r or director	
or the cor	poration or the receiver or trustee empower, or on an attachment with an address, with	ed to execute this report as	required by Char	oter 607, Florid	da Statutes; and that my name ap	pears in Block 11 o	r Block 12 if	