

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90161 042 ***150.00

DOCUMENT # P98000106813

1. Entity Name

BEACH SCREEN & WINDOW, INC.

Principal Place of Business

Mailing Address

140 TOMAHAWK DRIVE
 SATELLITE BEACH, FL
 32937

% DOUGLASS A. PERSON, CPA
 1413 So. Patrick Drive, #7
 Indian Harbour Beach, FL
 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

794 St. Clair Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

Melbourne, FL

City & State

Zip

32935

County

Brevard

Zip

Country

4. FEI Number

Applied

Not App

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLASS A. PERSON, CPA. PA
 1413 SO. PATRICK DRIVE, SUITE 7
 INDIAN HARBOUR BEACH, FL 32937

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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution

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\$5.00 May
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	HART, DONALD A.	215 CAROLE CT.	SATELLITE BEACH, FL 32937	<input type="checkbox"/>
	HART, GEORGE J.	474 TEMPLE STREET	SATELLITE BEACH, FL 32937	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12.

SIGNATURE:

Donald A. Person
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02