

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90677 019 ***150.00

DOCUMENT # P99000003767

1. Entity Name
HLL BEACHSIDE, INC.

Principal Place of Business
**177 SO. BANANA RIVER DR.
 #102
 MERRITT ISLAND FL 32952**

Mailing Address
**605 ALBATROSS STREET
 PH
 MERRITT ISLAND FL 32952**



2. Principal Place of Business

3. Mailing Address

P.O. Box 1244

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Canaveral, FL

4. FEI Number

59-3551744

Applied For

Not Applicable

Zip

Country

Zip

Country

32920

Brevard

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

LOPES, ANGELO

605 ALBATROSS ST

PH

MERRITT ISLAND FL 32952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDM
 HEALY, LAWRENCE
 110 SUNNY LANE
 COCOA BEACH FL 32931** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSD
 LIVINGSTON, MICHAEL
 227 WASHINGTON AVE
 CAPE CANAVERNAL FL 32920** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 LOPES, ANGELO J
 605 ALBATROSS ST
 MERRITT ISLAND FL 32952** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-783-0506

CP2E034 (9/01)