

DOCUMENT # P99000005381

1. Entity Name

SOUTH BEACH DESIGNS OF TAMPA BAY, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90048 039 ***150.00

Principal Place of Business

Mailing Address

245 16TH AVE. SOUTH EAST
ST. PETERSBURG FL 33705

245 16TH AVE. SOUTH EAST
ST. PETERSBURG FL 33705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3551857

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EICHER, M J
245 16TH AVE. SOUTH EAST
ST. PETERSBURG FL 33705

333 22ND AVE SE
ST PETE, FL
33705

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, 2001 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 PT Delete
NAME EICHER, M J
STREET ADDRESS 245 16TH AVE. SOUTH EAST
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE Change Addition
NAME KAREN MULLENDORE (PRES. SECT)
STREET ADDRESS 245 16TH AVE SE
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE VS Delete
NAME MULLENDORE, KAREN A
STREET ADDRESS 245 16TH AVE. SOUTH EAST
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE Change Addition
NAME M.J. EICHER (V.P. TREAS)
STREET ADDRESS 245 16TH AVE SE
CITY-ST-ZIP ST. PETE, FL 33701

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

M. J. Eicher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01

Date

7278209067

Daytime Phone #

CR2E034 (10/00)