

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90739 012 \*\*\*158.75

**DOCUMENT #** P990000013294

**1. Entity Name**

ALL BEACHES SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

**B0062089**

**2. Principal Place of Business**

1767 HERMITAGE BLVD.

**3. Mailing Address**

1767 HERMITAGE BLVD.

Suite, Apt. #, etc.

#12204

Suite, Apt. #, etc.

#12204

DO NOT WRITE IN THIS SPACE

**City & State**

TALLAHASSEE, FL

**City & State**

TALLAHASSEE, FL

**4. FEI Number**

59-356 0904

**Applied For**

☐ Not Applicable

**Zip**

32308

**Country**

USA

**Zip**

32308

**Country**

USA

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

BRET A. CREECH

**Street Address (P.O. Box Number is Not Acceptable)**

1767 HERMITAGE BLVD.

APT # 12204

**City**

TALLAHASSEE

**FL**

**Zip Code**

32308

**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**

Bret A. Creech

BRET A. CREECH

4/1/2002

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE** PRESIDENT  
**NAME** CREECH, BRET A.  
**STREET ADDRESS** 1767 HERMITAGE BLVD #12204  
**CITY-ST-ZIP** TALLAHASSEE, FL 32308

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** CHIEF EXECUTIVE OFFICER  
**NAME** CREECH, ANA J.  
**STREET ADDRESS** 1767 HERMITAGE BLVD #12204  
**CITY-ST-ZIP** TALLAHASSEE, FL 32308

**TITLE**  
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**STREET ADDRESS**  
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**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Bret A. Creech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002

Date

850-297-1116

Daytime Phone #

CR2E034B (12/01)