

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90061 005 ***150.00

001008

DOCUMENT # P99000030968

1. Entity Name

BEACHSIDE FINANCIAL SERVICES, INC.

Principal Place of Business

1454 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

Mailing Address

1454 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

2. Principal Place of Business

1228 Ocean Shore Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1228 Ocean Shore Blvd.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

VOLUSIA

Zip

32176

Country

VOLUSIA

4. FEI Number

59-3566557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRAGUE, EARL
1454 OCEANSHORE BLVD
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

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

1228 Ocean Shore Blvd.

City

Ormond Beach

FL

Zip Code

32176

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	IRISH, KEVIN	
STREET ADDRESS	63 WILCOX AVE.	
CITY-ST-ZIP	SOUTH RIVER NJ 08882	
TITLE	VM	<input type="checkbox"/> Delete
NAME	SPRAGUE, EARL	
STREET ADDRESS	2 BURRELL PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, SANDIE	
STREET ADDRESS	14 CEDAR HOLLOW CT.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PRITCHETT, CAROL	
STREET ADDRESS	35 WHITCOCK LN.	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sprague, Earl	
STREET ADDRESS	2 Burrell Place	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL M. SPRAGUE 2-16-01 904-441-0596

Date

Daytime Phone #

CR2E034 (10/00)