

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90140 005 ***150.00

DOCUMENT # P99000030968



1. Entity Name
BEACHSIDE FINANCIAL SERVICES, INC.

Principal Place of Business
**1228 OCEAN SHORE BLVD
ORMOND BEACH FL 32176**

Mailing Address
**1228 OCEAN SHORE BLVD
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3566557

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPRAGUE, EARL
1228 OCEAN SHORE BLVD
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name **ANTHONY J. PELICAN**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anthony J. Pelican*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ANTHONY J. PELICAN

DATE

4/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PM** ☒ Delete
NAME **SPRAGUE, EARL**
STREET ADDRESS **2 BURRELL PLACE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **ST** ☐ Delete
NAME **PRITCHETT, CAROL**
STREET ADDRESS **35 WHITCOCK LN.**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **P** ☒ Delete
NAME **SPRAGUE, CHET JR**
STREET ADDRESS **220 WILLET AVE**
CITY-ST-ZIP **SOUTH RIVER NJ 08882**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☒ Addition
NAME **ANTHONY J. PELICAN**
STREET ADDRESS **1456 RICHMOND AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony J. Pelican*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 **386-441-0596**

CR2E034 (10/02)