

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

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90471 035 \*\*\*150.00

DOCUMENT # P99000040161

1. Entity Name

BEYOND LOS. IXS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17906 LK. CARLTON DR

3. Mailing Address

17906 LK CARLTON DR

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33558

Country

USA

Zip

33558

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

17906 LK. CARLTON DR

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

APT. A.

City

LUTZ FL

FL

Zip Code

33558

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

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 P/O  
NAME EDWARD A. CREECH, JR  
STREET ADDRESS 17906 LK. CARLTON DR, APT. A  
CITY-ST-ZIP LUTZ FL 33558

TITLE D  
NAME ADRIENNE M. CREECH  
STREET ADDRESS 17906 LK CARLTON DR APT A  
CITY-ST-ZIP LUTZ FL 33558

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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)(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 on an attachment with an address, with all other the empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A. CREECH, JR

Date

4/8/02 (813) 785-

Daytime Phone #

8915

CR2E034B (12/01)