

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90049 046 \*\*\*150.00

0035038 AV

**DOCUMENT # P99000087102**

1. Entity Name

**BEACHES DRYWALL SERVICES, INC.**

Principal Place of Business

**888 8TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**888 8TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

**837 4th Ave. North**

Suite, Apt. #, etc.

3. Mailing Address

**837 4th Ave. North**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Jacksonville Beach, FL**

City & State

**Jacksonville Beach, FL**

Zip **32250**

Country **U.S.**

Zip **32250**

Country **U.S.**

4. FEI Number

**59-3601773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOVACS, ROBERT A  
888 8TH AVE. SOUTH  
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Robert A. Kovacs**

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

**837 4th Ave. North**

City **Jacksonville Beach**

**FL**

Zip Code **32250**

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 **Shawna R. Kovacs Secretary Shawna R. Kovacs** **3/22/02**

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, 2002 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 **PTD** ☐ Delete  
NAME **KOVACS, ROBERT A**  
STREET ADDRESS **888 8TH AVE. SOUTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **S** ☐ Delete  
NAME **KOVACS, SHAWNA R**  
STREET ADDRESS **888 8TH AVE. SOUTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
NAME **Kovacs, Robert A.**  
STREET ADDRESS **837 4th Ave. North**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **S** ☒ Change ☐ Addition  
NAME **Kovacs, Shawna R.**  
STREET ADDRESS **837 4th Ave. North**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

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

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: **Shawna R. Kovacs Secretary Shawna R. Kovacs** **3/22/02** **242-4798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)