

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

04-29-2002 90039 028 ***150.00

DOCUMENT # P99000103645

1. Entity Name
DON BEACH & ASSOCIATES, INC.

Principal Place of Business

~~1062 ABELL CIRCLE~~
OVIDO FL 32765

Mailing Address

~~1062 ABELL CIRCLE~~
OVIDO FL 32765

2. Principal Place of Business

801 N. Ladera Vista Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Fullerton, Calif.

City & State

4. FEI Number **59-3609746**

Applied For
 Not Applicable

Zip **92831** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BEACH, DON-
1062 ABELL CIRCLE
OVIDO FL 32765

7. Name and Address of New Registered Agent

Name **Steve-Combs Stephen M. Combs**
 Street Address (P.O. Box Number is Not Acceptable)
2812 Woodside Ave.
 City **Orlando** FL Zip Code **32803**

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 **Steve Combs S.M. Combs** **7/20/02**
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **BEACH, DONALD B**
 STREET ADDRESS **1062 ABELL CIRCLE**
 CITY-ST-ZIP **OVIDO FL 32765**

TITLE **D** ☐ Delete
 NAME **BEACH, ANN**
 STREET ADDRESS **1062 ABELL CIRCLE**
 CITY-ST-ZIP **OVIDO FL 32765**

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 ☒ Change ☐ Addition
 NAME **Beach, Donald B.**
 STREET ADDRESS **801 Ladera Vista Drive**
 CITY-ST-ZIP **Fullerton, CA 92831**

TITLE ☒ Change ☐ Addition
 NAME **Beach, Ann**
 STREET ADDRESS **801 Ladera Vista Drive**
 CITY-ST-ZIP **Fullerton, CA 92831**

TITLE ☐ Change ☐ Addition
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 NAME
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 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: **ANN BEACH** **7/15/02** **714-449-1382**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)