

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107610

1. Entity Name

NORTH BEACH COMMUNICATIONS, INCORPORATED

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90019 026 ***150.00

Principal Place of Business

Mailing Address

2504 SEAGATE LN., NORTH
ST. AUGUSTINE FL 32095-1367

2504 SEAGATE LN., NORTH
ST. AUGUSTINE FL 32095-1367

2. Principal Place of Business

121 SURFSIDE DR

3. Mailing Address

121 SURFSIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FLA

City & State

ST AUGUSTINE

4. FEI Number

65-0966877

Applied For

Not Applicable

Zip

Country

32095

ST JOHNS

Zip

Country

32095

ST JOHNS

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, JAMES RIVES
2504 SEAGATE LN., NORTH
ST. AUGUSTINE FL 32095-1367

Name JAMES R DAVIS

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

121 SURFSIDE DR

City ST. AUGUSTINE

FL

Zip Code 32095

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 JAMES R DAVIS

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TREASURER
NAME JAMES RIVES WEBB
STREET ADDRESS 2504 SEAGATE LN NORTH
CITY-ST-ZIP ST AUGUSTINE FLA 32095

TITLE PRESIDENT
NAME JAMES R DAVIS
STREET ADDRESS 121 SURFSIDE DR
CITY-ST-ZIP ST AUGUSTINE FLA 32095

TITLE
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CITY-ST-ZIP

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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: JAMES R DAVIS JAMES R DAVIS PRESIDENT 03-13-00 (904)825-4577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)