

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S72798**

1. Entity Name
M & R BEACH SERVICES, INC.

Principal Place of Business
**201-107TH AVE
TREASURE ISLAND FL 33706-4717
US**

Mailing Address
**201-107TH AVE
TREASURE ISLAND FL 33706-4717
US**

2. Principal Place of Business
11860 NE MARION PLACE
Suite, Apt. #, etc.

3. Mailing Address
POB 323
Suite, Apt. #, etc.

City & State
FT. MCCOY, FL.
Zip
32134

City & State
FT. MCCOY, FL.
Zip
32134

4. FEI Number **59-3077753**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WIDNER, MELISSA C.
7300 12 AVE NO.
ST PETERSBURG BEACH FL 33710**

7. Name and Address of New Registered Agent

Name

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

11860 N.E. 142ND PLACE

City

FT. MCCOY

FL

Zip Code

32134

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
NAME **WIDNER, MELISSA C**
STREET ADDRESS **7300 12TH AVE NO.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **STD** ☐ Delete
NAME **WIDNER, KENNETH J**
STREET ADDRESS **7300 12TH AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

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

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **11860 N.E. 142ND PLACE**
CITY-ST-ZIP **FT. MCCOY, FL. 32134**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **11860 N.E. 142ND PLACE**
CITY-ST-ZIP **FT. MCCOY, FL. 32134**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISSA C. WIDNER

P.O.

Date

1-11-01

Daytime Phone #

352-236-4347

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90101 035 ***150.00

C0007216



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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