

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90060 004 ***150.00

0446588
 AV

DOCUMENT # S77216

1. Entity Name

BEACH PIZZA PLUS, INC.

Principal Place of Business

**18117 GULF BLVD
 REDINGTON SHORES FL 33708**

Mailing Address

**18117 GULF BLVD
 REDINGTON SHORES FL 33708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GUERIN, SHAWN M.
 18117 GULF BLVD
 REDINGTON SHORES FL 33708**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	P	<input type="checkbox"/> Delete
NAME	GUERIN, SHAWN M.	
STREET ADDRESS	17535 1ST STREET EAST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUERIN, PATRICIA	
STREET ADDRESS	17535 1ST STREET EAST	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUERIN, TRACEY L	
STREET ADDRESS	7612 RIDGE RD #102-I	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11481 65th Ave	
STREET ADDRESS	Seminole FL 33772	
CITY-ST-ZIP	33772	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11481 65th Ave	
STREET ADDRESS	Seminole FL 33772	
CITY-ST-ZIP	33772	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracey Keene	
STREET ADDRESS	11844 102 St	
CITY-ST-ZIP	Largo FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tracey Keene
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02
 Date

727-398-7993
 Daytime Phone #

CR2E034 (9/01)