## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$93150** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name BEACHSIDE FOOD MART, INC. 04-24-2000 90138 039 \*\*\*150.00 Principal Place of Business Mailing Address 1208 S. ATLANTIC AVE. P.O. BOX 2252 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32170-2252 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3091690 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNETT, PETER R Street Address (P.O. Box Number is Not Acceptable) 6695 TURTLEMOUND RD **NEW SMYRNO BEACH FL 32169** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 OFFICERS AND DIRECTORS 12. PRESIDENT, TREASURER & Change ☐ Delete TITLE TITLE PETER R. BARNETT, PETER R BARNETT NAME NAME 6695 TURTLEMOUND RD STREET ADDRESS 2239 DEERWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 30168 NEW SMYRNA BEACH FL Change Change TITLE ☐ Delete TITLE BARNETT, PATRICIA B NAME NAME DEERWOOD DR 6695 TURTLEMOUND RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW SMYRNA BEACH FL CITY-ST-ZIP Change-Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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