

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344595

1. Entity Name

BEARD EQUIPMENT COMPANY

Principal Place of Business

Mailing Address

3195 W NINE MILE RD
PENSACOLA FL 32534
US

3195 W NINE MILE RD
PENSACOLA FLA 32534-9442
US

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 59-1288195

Applied For

Not Applicable

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

BEARD, WILLIAM B
PINE FOREST ESTATES
CANTONMENT FL 32533

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, 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	C	☐ Delete
NAME	BEARD, WILLIAM B	
STREET ADDRESS	3937 HWY. 297-A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	☐ Delete
NAME	PESONS, MILTON	
STREET ADDRESS	1837 WEAVER DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	P	☐ Delete
NAME	BEARD, WILLIAM B. JR.	
STREET ADDRESS	225 LAKEWOOD DRIVE, WEST	
CITY-ST-ZIP	MOBILE AL	
TITLE		☐ Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 334-456-1993

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90065 050 ***150.00



DO NOT WRITE IN THIS SPACE