## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

G82705

1. Entity Name

MARVIN L. BEAMAN, JR., P.A.



**FILED** Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90157 040 \*\*\*150.00

			_		_	SOP WE IT					
Principal Plac 605 N. WYMO WINTER PARI			Mailing Address 605 N. WYMCRE ROAD WINTER PARK FL 32789-2893				i				
2. Principal P	Place of Busin	ess	3. Mailing Address				_		<b>                                     </b>		
Suite, Apt.	#, etc.	<u>.                                    </u>	Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te		City & State				4. (	59723BB454 H-		plied For t Applicable	
Zip	Country			Zip Country			5. (	5. Certificate of Status Desired			
	6. Name	and Address of Current	Register	Registered Agent			7. 1	7. Name and Address of New Registered Agent			
						Name				<del>3</del>	
	, MARVIN L			Street Address (P.O. Box Number is Not Acceptable)							
	/YMORE RO PARK FL 32						<del></del>	_ <del></del>			
. 14		ಟ				City			FL	Zip Cod	e
	named entity ions of registe		or the purp	pose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed nama of registered agen	t and title if app	olicable. (NOTE	: Registere	d Agent signature requir	red when re	einstating)	DATE	···	
SIGNATURE  Signature, typed or printed name of registered agent and tille it applicable.  (NOTE: Registere  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Fin     Trust Fund Contribution	n.	Added	O May Be to Fees
10. 🙉		OFFICERS AND	DIRECTO	RS	11,		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Marvin L. Jr. Ymore road Yark fl	-15	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>-</del>		☐ Delete		- 1				☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Delete	TITLE NAM STRE					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAMI STRE	-				Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: