

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90133 011 ***150.00

DOCUMENT # H98451

1. Entity Name
BURDETTE BECKMANN, INC.

Principal Place of Business

5851 JOHNSON ST
HOLLYWOOD FL 33021
US

Mailing Address

5851 JOHNSON ST
HOLLYWOOD FL 33021
US

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2611439

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

TAYLOR, ROBIN S.

WILSON, ELSEN, WOSKOWITZ, EDMAN FORD & HARRISON
3800 INTERNATIONAL PLACE 100 SE 2ND STREET
MIAMI FL 33131

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/18/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P & Director** ☐ Delete
NAME **TAYLOR, ROBERT T., SR.**
STREET ADDRESS **5851 JOHNSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST & Director** ☐ Delete
NAME **TAYLOR, SHERRILL S.**
STREET ADDRESS **5851 JOHNSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP & Director** ☐ Delete
NAME **TAYLOR, ROBERT, T., JR**
STREET ADDRESS **5851 JOHNSON ST**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP & Director** ☐ Delete
NAME **ANDERSON, JR J T**
STREET ADDRESS **5851 JOHNSON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director Only** ☐ Delete
NAME **Bryan Shade**
STREET ADDRESS **11551 NUCKOLS Rd, Suite K**
CITY-ST-ZIP **Glen Allen, Va. 23059**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *02/18/02* Daytime Phone #

CR2E034 (9/01)