

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90398 013 \*\*\*\*70.00

**DOCUMENT # N96000004774**

1. Entity Name

**STREET BEAT, INCORPORATED**

*R.*

Principal Place of Business

Mailing Address

103 N W 10TH AVE  
SOUTH BAY FL 33493

P. O. BOX 972  
SOUTH BAY FL 33493-0972  
US

2. Principal Place of Business

103 N.W. 10th Ave.  
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 972  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

South Bay, Florida

City & State

South Bay, Florida

4. FEI Number

65-0646408

Applied For

Not Applicable

Zip Country Zip Country  
33493 USA 33493 USA

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

JACKSON, KENNETH K JR  
1101 CHORUS WAY  
ROYAL PALM BEACH FL 33411

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 **Kenneth K. Jackson, Jr., Executive Director**

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, WAYNE M	
STREET ADDRESS	12591 87TH ST N	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, DANNY	
STREET ADDRESS	2197 BACON POINT ROAD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MICHAEL	
STREET ADDRESS	235 S.W. 2ND AVE.	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	BC	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, AUBIN	
STREET ADDRESS	1233 N.W. AVENUE B	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JACKSON, KENNETH K JR	
STREET ADDRESS	1101 CHORUS WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEITA, ANDREW	
STREET ADDRESS	1025 GRANDVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliver, Wayne M.	
STREET ADDRESS	12591 87th Street N.	
CITY-ST-ZIP	West Palm Beach, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harriett, Desmond	
STREET ADDRESS	102 Brook Wood Way	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Parson	
STREET ADDRESS	1065 Ellen Court	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dowdell, Marjorie	
STREET ADDRESS	316 N.W. 12th Street	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hennes	
STREET ADDRESS	9091 Brandy Lane	
CITY-ST-ZIP	Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neita, Andrew	
STREET ADDRESS	1025 Grandview Circle	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	

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 617, 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: *[Signature]* **Kenneth K. Jackson, Jr.**

561-993-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)