

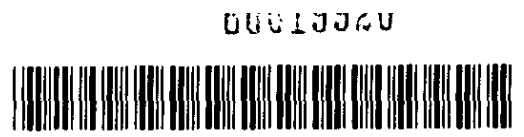
# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90036 031 \*\*\*158.75

**DOCUMENT # P97000045210**  
 1. Entity Name  
**THE RIGHTIME CLOCK COMPANY, INC.**

Principal Place of Business 80 SW 8TH ST #2180 MIAMI FL 33130 US	Mailing Address 80 SW 8TH ST #2180 MIAMI FL 33130-3013 US
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2. Principal Place of Business <b>2501 SW 52<sup>ND</sup> ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 100706</b> Suite, Apt. #, etc.
City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>
Zip <b>33914</b> Country <b>USA</b>	Zip <b>33910</b> Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0772101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FALLON, KIERAN P ESQ.</b> <b>80 SW 8TH ST #2804</b> <b>MIAMI FL 33130</b>	
7. Name and Address of New Registered Agent Name <b>G. THOMAS BECKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2501 SW 52<sup>ND</sup> ST</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>	

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 **G. THOMAS BECKER, PRESIDENT 2/9/00**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>BECKER, GEORGE T</b> <b>590 S.W. 23RD AVENUE</b> <b>MIAMI FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2501 SW 52<sup>ND</sup> ST</b> <b>CAPE CORAL, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, GEORGE T</b> <b>590 S.W. 23RD AVENUE</b> <b>MIAMI FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2501 SW 52<sup>ND</sup> ST</b> <b>CAPE CORAL, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BECKER, ROSE M</b> <b>590 SW 23RD AVE</b> <b>MIAMI FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2501 SW 52<sup>ND</sup> ST</b> <b>CAPE CORAL, FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **G. THOMAS BECKER 2/9/00 540-5700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)