

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

61-25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 3:50

**DOCUMENT #** P99000018780  
**1. Entity Name**  
 BEAST ROW, INC.

**Principal Place of Business**      **Mailing Address**  
 3430 E. Lake Road      3430 E. Lake Road  
 Palm Harbor, FL 34685      Palm Harbor, FL 34685

**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**      **Applied For**  
 593564400       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Shear, Robert L.  
 2790 Sunset Point Rd.  
 Clearwater, FL 33759

**7. Name and Address of New Registered Agent**

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**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NICOLETTI, JOE	
STREET ADDRESS	107 Cypress Ct.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PIECHOWICZ, DENNIS	
STREET ADDRESS	1004 Hook Drive	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	PIECHOWICZ, DENNIS	
STREET ADDRESS	1004 Hook Drive	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Dennis Piechowicz*      **10/03/00**      **(352) 684-091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

AD