

2001 UNIFORM BUSINESS REPORT (UBR)

PAG 210/2

DOCUMENT # **22706**

1. Entity Name

BEACON CONTRACTING GROUP INCORPORATED

Principal Place of Business

5905 MACY AVE
P O BOX 8664
JACKSONVILLE FL 32211
US

Mailing Address

5905 MACY AVE
P.O. Box 8664

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

5905 MACY AVE

P.O. Box 8664

JACKSONVILLE FL, 32211

City & State

Country

FILED

01 JUN 25 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

04-26-2001 90040 017 1540

4. FEI Number

59-0881828

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS ROY L JR
5905 MACY AVE
JACKSONVILLE, FLORIDA FL 32211

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 registrant, agent and date

(NOTE: Registered Agent signature required when retreating)

DATE

9. This corporation is eligible to take its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 (for MAY 1, 2001 Fee will be \$550.00) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	MULLINS, ROY L JR	12514 MASTERS RIDGE DR.	JACKSONVILLE FL 32225	<input type="checkbox"/>
VD	MULLINS, MICHAEL D	218 OAK LEAF DR.	STATESBORO GA 30458	<input type="checkbox"/>
S	HADDOCK, M E LENE	15 BONITA DR	FONTE VEDRA BEACH FL	<input type="checkbox"/>
VTD	NANCY D MULLINS	1182 SEVILLA BLVD W	ATLANTIC BEACH FL 32223	<input type="checkbox"/>
D	MULLINS, JULIENNE D.	12514 MASTERS RIDGE DR.	JACKSONVILLE FL 32225	<input type="checkbox"/>
	ROBERT E. BURNS	976 WESSON DR.	CASSELBERRY FL 32707	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied is true and correct 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 clerk thereof; and that I am duly qualified 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 affidavit, with my proper title and address.

SIGNATURE:

[Handwritten Signature]

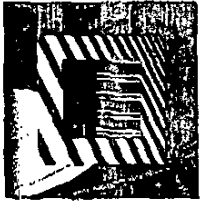
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

904-743-9770

Telephone #



**BEACON
CONTRACTING
GRC UP**

5905 Mccoy Avenue
Jacksonville, Florida 32211
Phone: 904-743-9770
Fax: 904-743-9775

Metal Roofing
Metal Wall Systems
Roofing and Roof Decks
Metal Trusses

Certified Roofing Contractor
License Number CC CC 50485

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FACSIMILE TRANSMISSION

Date 6/4/01 From Peggy Squoi

Please deliver FAX at once to:

Name Tyname RE _____

Company Fl Dept of State

FAX Telephone 850-487-6017

The following FAX contains 5 sheets, including front cover sheet

MESSAGE/CONTENTS

Attached is ch# 035279 for \$150.00

This was supposed to cover our
renewal for the 2001 form
Co# # 207061- form attached
The check was mailed with the
Fictitious Name form in error.

Please mail our acct as renewed
by using the attached 2001 form.

We will pay the fictitious name
when due.

Please call me with results

Peggy Squoi
904-743-9770
ext 212

If FAX is not as described, please call immediately

