

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90055 048 ***150.00

DOCUMENT # 227061

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
JACKSONVILLE FL 32211
US**

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 **59-0881828**

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

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

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, 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 | PTD | <input type="checkbox"/> Delete |
| NAME | MULLINS, ROY L JR | |
| STREET ADDRESS | 12514 MASTERS RIDGE DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MULLINS, MICHAEL D | |
| STREET ADDRESS | 218 OAK LEAF DR | |
| CITY-ST-ZIP | STATESBORO GA 30458 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | HADDOCK, MARLENE | |
| STREET ADDRESS | 13 BONITA DR | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | NANCY D MULLINS | |
| STREET ADDRESS | 1982 SEVILLA BLVD W | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MULLINS, JULIENNE D. | |
| STREET ADDRESS | 12514 MASTERS RIDGE DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | BURNS, ROBERT E | |
| STREET ADDRESS | 976 WESSON DR | |
| CITY-ST-ZIP | CASSELBERRY FL 32707 | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 114 Pine Needle Rd. |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 904-743-9770

CR2E034 (9/01)



Attachment
Doc# 227061

429052

Beacon Contracting Group, Inc.

Commercial Roof/Wall Systems

59-0881828

Add office

✓

Kangas, Gary E

1372 Dancy St.

Jacksonville, FL 32205

Rhink