

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 288949

1. Entity Name
BEAM LAMP CORP

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90075 039 ***150.00

0546261 AV

Principal Place of Business
3665 MONTCLAIR DR
PALM HARBOR FL 34684
US

Mailing Address
3665 MONTCLAIR DR
PALM HARBOR FL 34684
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 59-1085693

Applied For
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

7. Name and Address of New Registered Agent

BEEM, LOUIS M III
3665 MONTCLAIR DRIVE
PALM HARBOR FL 34684

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	PD	<input type="checkbox"/> Delete
NAME	BEEM III, LOUIS M	
STREET ADDRESS	3665 MONTCLAIR DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	BEEM, CHRISTINE	
STREET ADDRESS	3665 MONTCLAIR DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Christine L Beem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 727.772.8803
Date Daytime Phone #

CR2E034 (9/01)