2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429497

1. Entity Name

CREA BEAUCHAMP, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90103 018 ***150.00

Principal Place of Business	Mailing Address
703 SOUTH EVERS STREET PLANT CITY FL 33566	P. O. BOX 532 PLANT CITY FL 33564-0532 US

DO NOT WRITE IN THIS SPACE

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 59-1466225 ☐ 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
BEAUCHAMP,A C 703 SOUTH EVERS STREET PLANT CITY FL 33566	Name: Davis, J. Coleman Street Address (P.O. Box Number is Not Acceptable): 2605 Robin Drive City: Plant City, FL Zip Code: 33566

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 ✓ James C. Davis
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	SD	☐ Delete	TITLE	Assist.S/T/D	☒ Change ☐ Addition
NAME	BEAUCHAMP, JOHNNIE		NAME	Beauchamp, Johnnie	
STREET ADDRESS	4408 N STANLEY RD		STREET ADDRESS	4408 N. Stanley Rd.	
CITY-ST-ZIP	PLANT CITY FL 33565		CITY-ST-ZIP	Plant City, FL. 33565	
TITLE	TD	☐ Delete	TITLE	S/D	☒ Change ☐ Addition
NAME	JOHNSON, SHIRLEY BEAUCH		NAME	Johnson, Shirley Beauchamp	
STREET ADDRESS	3019 S NORTHVIEW RD		STREET ADDRESS	3019 S. Northview Rd.	
CITY-ST-ZIP	PLANT CITY FL 33567		CITY-ST-ZIP	Plant City, FL 33567	
TITLE	PD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BEAUCHAMP, A C		NAME		
STREET ADDRESS	703 S EVERS STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	P/D	☒ Change ☐ Addition
NAME	DAVIS, J. COLEMAN		NAME	Davis, J. Coleman	
STREET ADDRESS	2605 ROBIN DRIVE		STREET ADDRESS	2605 Robin Drive	
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP	Plant City, FL 33566	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ✓ James C. Davis SIGNATURE REQUIRED J. Coleman Davis 3/21/00 813/754-3547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)