2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

DOCUMENT# 518277

Entity Name: BEAU CAB CO., INC.

Current Principal Place of Business:

4783 ELON CRESCENT
LAKELAND, FL 33810 US

New Principal Place of Business:

3343 SONGBIRD LN
LAKELAND, FL 33811 US

Current Mailing Address:

4783 ELON CRESCENT
LAKELAND, FL 33810 US

New Mailing Address:

3343 SONGBIRD LN
LAKELAND, FL 33811 US

FEI Number: 59-1705432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOWLES, LINDA
4783 ELON CRESCENT
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

KNOWLES, LINDA P
3343 SONGBIRD LN
LAKELAND, FL 33811 US

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: LINDA KNOWLES 01/11/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: KNOWLES, MICHAEL
Address: 4783 ELON CRESCENT
City-St-Zip: LAKELAND, FL 33810

Title: P ( ) Delete
Name: KNOWLES, LINDA
Address: 4783 ELON CRESCENT
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: KNOWLES, MICHAEL
Address: 3343 SONGBIRD LN
City-St-Zip: LAKELAND, FL 33811

Title: P (X) Change ( ) Addition
Name: KNOWLES, LINDA
Address: 3343 SONGBIRD LN
City-St-Zip: LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA KNOWLES P 01/11/2002
Electronic Signature of Signing Officer or Director Date