

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690824

1. Entity Name

BEACON WEALTH MANAGEMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90120 033 ***150.00

Principal Place of Business

~~5603 ASHTON WAY~~
SARASOTA FL ~~34231~~
US

Mailing Address

PO BOX 18749
SARASOTA FL 34276-1749
US

2. Principal Place of Business

9035 HUNTINGTON PT DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MORRIS, GORDON J

~~5603 ASHTON WAY~~
SARASOTA FL ~~34231~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9035 HUNTINGTON POINTE DR

City

FL

Zip Code

34238

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

GORDON J MORRIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MORRIS, GORDON J
~~5603 ASHTON WAY~~
SARASOTA FL ~~34231~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MORRIS, GORDON J
9035 HUNTINGTON POINTE DRIVE
SARASOTA, FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

GORDON J MORRIS

Date

4/14/00

Daytime Phone #

941-918-4588

CR2E034 (9/99)