

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 832848****1. Entity Name**
B E & K, INC.**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90857 032 ***150.00

Principal Place of Business
2000 INTERNATIONAL PARK DRIVE
P. O. BOX 2332
BIRMINGHAM AL 35243
US**Mailing Address**
C/O TAX DEPT
P.O. BOX 2332, N/A
BIRMINGHAM AL 35201-2332
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**63-0627338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**7. Name and Address of New Registered Agent**

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** ☐ Delete
NAME **GOODRICH, T.M.**
STREET ADDRESS **3320 DELL RD**
CITY-ST-ZIP **BIRMINGHAM AL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **CD** ☐ Delete
NAME **KENNEDY, T C**
STREET ADDRESS **4472 CLAIRMONT AVE.**
CITY-ST-ZIP **BIRMINGHAM AL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VPCF** ☐ Delete
NAME **SMITH, CLYDE M.**
STREET ADDRESS **2318 TWELVE OAKS DR**
CITY-ST-ZIP **BIRMINGHAM AL 35244****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **T** ☐ Delete
NAME **JOEHL, DOUGLAS M**
STREET ADDRESS **108 MONTEVALLO LANE**
CITY-ST-ZIP **BIRMINGHAM AL 35213****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **S** ☐ Delete
NAME **CASSADY, G E III**
STREET ADDRESS **902 LINWOOD RD.**
CITY-ST-ZIP **BIRMINGHAM AL 35222****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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: X** **SIGNATURE REQUIRED** **TREAS VR02****04-23-02 (205) 972-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)