## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

F02000001626

1. Entity Name THE BEATTIE COMPANY, INC.



## **FILED** Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90059 015 \*\*\*150.00

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Principal Place of Business Mailing Address 880 S. PLEASANTBURG DRIVE 1263 N. LAKE WAY GREENVILLE SC PALM BEACH FL 33480			T		(181 11818 <b>1</b> 1118 '		
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	е	City & State		4. FEI Number 57-0867644	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent		
			Name	,			
BROBERG 223 PERU	i, peter s Vian avenue		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEA	ACH FL 33480						
			City	FL	Zip Code		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	registered office or registe	ered agent, or both, in the State of Florida. I am fa	ımiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating) DATE			
្ឋំ After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Repayable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.		May Be if to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	PD Beattie; Hamlin III 1263 N. Lake Way	☐ Delete	TITLE NAME STREET ADDRESS		Change	Addition	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition {	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	والمستخفي والمستني		25 to 54	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 **	☐ Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
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12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption stated in Sy signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certi same legal effect as if made under oath; that I ar	fy that the in	nformation or director	

of the corporation or the receiver of trustee and accordance and that my signature shall have the same legal effect as it made under out; that I am an officer of director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.