

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004802

1. Entity Name
D&M BECK, INC.



Principal Place of Business
1230 S. SR 590
ELMORE, OH 43416

Mailing Address
1230 S. SR 590
ELMORE, OH 43416

FILED

04 MAR -5 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052004 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1457332

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, ROBERT S
241 EAST VIRGINIA ST.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CDP
BECK, DOLORES
1230 S. SR 590
ELMORE, OH 43416

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WRIGHT, PAUL L
4266 TULLER ROAD SUITE 101
DUBLIN, OH 43017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900030138869
03/10/04--01018--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2014



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Document Number
F03000004802
Business Entity Name
D&M BECK, INC.

FEI Number **34145733**
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address **1230 S. SR 590**
Suite, Apt. #, etc.
City, State **ELMORE**, **OH**
Zip Code & Country **43416**

Mailing Address

Address **1230 S. SR 590**
Suite, Apt. #, etc.
City, State **ELMORE**, **OH**
Zip Code & Country **43416**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **HIGHTOWER**, **ROBERT**, **S**,
-or- RA Business Name
Address **241 EAST VIRGINIA ST.**
Suite, Apt. #, etc.
City, State **TALLAHASSEE**, **FL**
Zip Code & Country **32301** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Document Number

F03000004802

Business Entity Name

D&M BECK, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

4084

| | |
|-----------------------------------|----------------------|
| City, State | <input type="text"/> |
| Zip Code & Country | <input type="text"/> |
| Title | <input type="text"/> |
| Name (Last, First, Middle, Title) | <input type="text"/> |
| -or- Entity Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City, State | <input type="text"/> |
| Zip Code & Country | <input type="text"/> |
| Title | <input type="text"/> |
| Name (Last, First, Middle, Title) | <input type="text"/> |
| -or- Entity Name | <input type="text"/> |
| Street Address | <input type="text"/> |
| City, State | <input type="text"/> |
| Zip Code & Country | <input type="text"/> |

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

| | | |
|----------------------------|--|--|
| Title | <input type="text" value="Pres"/> | <input type="text" value="D & M Beck Inc."/> |
| Officer/Director Signature | <input type="text" value="Dolores J. Beck"/> | |

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