## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## F97390 **DOCUMENT #**

1. Entity Name

R.W. BEATY RESTAURANT EQUIPMENT & SUPPLIES COMPA



**FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90097 040 \*\*\*150.00

Principal Place of Business 4318 NW 13TH STREET % 4322 N.W. 13TH ST. GAINESVILLE FL 32609  2. Principal Place of Business		4318 i C/O 4	Mailing Address 4318 NW 13TH STREET C/O 4322 NW 13TH ST. GAINESVILLE FL 32609 US 3. Mailing Address							
		3. Maili				# EUDJUED   JUD   BUJU   B\$00   JJ40   B41	<b>     </b>	4 <b>010</b> 46 03001	<b>3181</b> 1 <b>319</b> 1 <b>131</b> 1	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State		<b>4</b> , F	4, FEI Number 59-2213326			pplied For ot Applicable	<u></u>
Zip	Zip Country		Country		<b>5</b> . C	5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name and Addre	ss of Current Registered	l Agent		7. N	lame and Address of New Re	gistered Ag	ent		]_
<del></del> · - ·		~ <del></del>		Name						1
BEATY, W 3212 NW			Street Addre		dress (P.O. Bo	ess (P.O. Box Number is Not Acceptable)				
-*GAINESVI	ILLE FL 32605									
				City			FL	Zip Coc	de	1
Afte	Signature, typed or printed name ILE NOW!!! FEE IS r May 1, 2003 Fee wil k Payable to Florida D	be \$550.00	cable. {NOTE:	Registered Agent signatur	a required whan rei	9. Election Campaign Fina Trust Fund Contribution			<b>00</b> May Be	-
10.	0	FFICERS AND DIRECTOR	RS	11.	AD	DITIONS/CHANGES TO OFFI	CERS AND D	DIRECTOR	IS IN 11	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEATY, JAMES 3658 NW 39TH PL GAINSVILLE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BEATY, ELIZABETH 4322 NW 13TH ST GAINSVILLE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BEATY, CONNIE 3658 NW 39TH PL GAINSVILLE FL	<u> </u>	Delete	NAME STREET ADDRESS CITY-ST-ZIP	المستوجعين المستو		[		- ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			]	Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

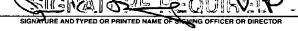
**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

1-3-03 352-376-5939

☐ Change

Addition