2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001909

1. Entity Name
BeavEx Incorporated

FILED
02 JUL 12 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000006444190--0
-07/16/02--01034--020
****900.00 ****900.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
2970 Peachtree Road NE	
Suite, Apt. #, etc. 275	Suite, Apt. #, etc.
City & State Atlanta, GA	City & State
Zip 30305 Country USA	Zip Country

4. FEI Number 06-1267355 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Glen Simonsen
210 South Bumby Ave. Suite B
Orlando, FL 32803

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Mark Tuchman / 2970 Peachtree Road NE, Suite 275 / Atlanta, GA 30305 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000006444190--0 -07/16/02--01034--022 ****150.00 ****150.00
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CR2E034 (11/00)

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: Mark Tuchmann, President 4-8-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

7/12/02