

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90299 003 ***150.00

DOCUMENT # G73450

1. Entity Name

JERRY L. BECK COMPANY, INC.

Principal Place of Business

10391 N. W. 16TH COURT
P.O. BOX 9400(330759400)
CORAL SPRINGS FL 33071

Mailing Address

10391 N. W. 16TH COURT
P.O. BOX 9400(330759400)
CORAL SPRINGS FL 33071

2. Principal Place of Business

516 S.W. BRADSHAW CIR
Suite, Apt. #, etc.

3. Mailing Address

516 S.W. BRADSHAW CIR
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

59-2348145

Applied For

Not Applicable

Zip

Country

34953

ST. LUCIE

Zip

Country

34953

ST. LUCIE

5. Certificate of Status Desired ☐

\$8:75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECK, MERRILYN H.
10391 NW 16TH COURT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

MERRILYN H. BECK

Street Address (P.O. Box Number is Not Acceptable)

516 S.W. BRADSHAW CIRCLE

City

PORT ST. LUCIE

FL

Zip Code

34953

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

TITLE DVS
NAME BECK, JERRY L.
STREET ADDRESS 10391 NW 16TH COURT
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE DPT
NAME BECK, MERRILYN H.
STREET ADDRESS 10391 NW 16TH COURT
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVT
NAME BECK, JERRY L. ☒ Change ☐ Addition
STREET ADDRESS 516 S.W. BRADSHAW CIRCLE
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE DPS
NAME BECK, MERRILYN H. ☒ Change ☐ Addition
STREET ADDRESS 516 S.W. BRADSHAW CIRCLE
CITY-ST-ZIP PORT ST. LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERRILYN H. BECK

February 28, 2001

Date

Daytime Phone #

(561) 873-1204

CR2E034 (10/00)