

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0163497 AV

DOCUMENT # H61280

1. Entity Name
JEFF B. BECKER AND CO.

04-01-2002 90641 038 ***150.00

Principal Place of Business
13451 SW 99 TERRACE
MIAMI FL 33186

Mailing Address
1521 SHAW DR
KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1521 SHAW DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KEY LARGO, FL.

City & State

4. FEI Number **59-2572578**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, JEFFREY B
25 STILLWRIGHT WAY
KEY LARGO FL 33037

Name

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

1521 SHAW DR.

City **KEY LARGO**

FL

Zip Code

33037

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, 2002 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 **P** ☐ Delete
 NAME **BECKER, JEFFREY B**
 STREET ADDRESS **25 STILLWRIGHT WAY**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
 NAME **1521 SHAW DR.**
 STREET ADDRESS **KEY LARGO, FL**
 CITY-ST-ZIP **33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

3/22/02

Daytime Phone #

305-453-3855

CR2E034 (9/01)