

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90140 049 ***150.00

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DOCUMENT # H80097

1. Entity Name

BECKWITH CONSULTANTS, INC.



Principal Place of Business

1971 SPRUCE CREEK CIR N
DAYTONA BEACH FL 32124
US

Mailing Address

1971 SPRUCE CREEK CIR N
DAYTONA BEACH FL 32124
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2616245

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BECKWITH, KIM
1971 SPRUCE CREEK CIR N
DAYTONA BEACH FL 32124

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BECKWITH, JACK L	
STREET ADDRESS	1971 SPRUCE CREEK CIR N	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKWITH, KIM	
STREET ADDRESS	1971 SPRUCE CREEK CIR N	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	P	<input type="checkbox"/> Delete
NAME	BECKWITH, JACK L	
STREET ADDRESS	1971 SPRUCE CREEK CIR N	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECKWITH, KIM	
STREET ADDRESS	1971 SPRUCE CREEK CIR N	
CITY-ST-ZIP	DAYTONA BCH FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6280 PARADISE ISLAND COURT	
STREET ADDRESS	PORT ORANGE, FL 32128	
CITY-ST-ZIP		
TITLE	TAYLOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PORT ORANGE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6280 PARADISE ISLAND COURT	
STREET ADDRESS	PORT ORANGE, FL 32128	
CITY-ST-ZIP		
TITLE	TAYLOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PORT ORANGE, FL 32128	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-252-6111

CR2E034 (10/02)