

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06381

1. Entity Name

BENEFICIAL PRODUCTS, INC.

Principal Place of Business

% JAMES F. GATES
P. O. BOX 290311
TAMPA FL 33687

Mailing Address

% JAMES F. GATES
P. O. BOX 290311
TAMPA FL 33687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GATES, JAMES F. *Wisp*
7425 WILLOW WEBB DRIVE WEST
LAKELAND FL 33810

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GATES, JAMES F.	
STREET ADDRESS	8727 SPRING TREE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GATES, SUSAN T	
STREET ADDRESS	5790 SPRINGTREE DRIVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GATES	
STREET ADDRESS	8727 SPRING TREE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GATES, SEAN T	
STREET ADDRESS	8727 SPRING TREE DR.	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, JAMES F.	
STREET ADDRESS	7425 WILLOW WISP DR. WEST	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, SEAN T.	
STREET ADDRESS	8730 SPRING TREE DR.	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, JAMES F.	
STREET ADDRESS	7425 WILLOW WISP DR. WEST	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, SEAN T.	
STREET ADDRESS	8730 SPRING TREE DR.	
CITY-ST-ZIP	TAMPA, FL 33637	
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		

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

JAMES F. GATES

Date

4-18-01

Daytime Phone #

(863) 859-0247

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90007 033 ***150.00

644569



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2661610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)