

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90053 019 \*\*\*150.00

**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

4. FEI Number

**59-2661610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GATES, JAMES F.  
7425 WILLOW WEB 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, 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 **GATES, JAMES F.**  
STREET ADDRESS **7425 WILLOW WILD DR WEST**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☒ Change ☐ Addition  
NAME **7425 WILLOW WILD DR. WEST**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **GATES, SUSAN T** ← Same  
STREET ADDRESS **8730 SPRING TERRACE DRIVE**  
CITY-ST-ZIP **TAMPA FL 33637**

TITLE **VP** ☒ Change ☐ Addition  
NAME **GATES SEAN T.**  
STREET ADDRESS **8730 SPRING TREE DR.**  
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE **T** ☒ Delete  
NAME **GATES, JAMES F**  
STREET ADDRESS **7425 WILLOW WISE DR WEST**  
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☒ Change ☐ Addition  
NAME **7425 WILLOW WILD DR. WEST**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **GATES, SEAN T**  
STREET ADDRESS **8730 SPRING TREE DRIVE**  
CITY-ST-ZIP **TAMPA FL 33637**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: James F. Gates **JAMES F. GATES** 4-17-02 (863) 859-0247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)