

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74362

1. Entity Name

BAYPOINTE PURCHASING, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90039 013 ***150.00

Principal Place of Business

Mailing Address

4400 TANGERINE ST
COCOA FL 32926
US

4400 TANGERINE ST.
COCOA FL 32926-2144
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

59-2842661

Applied For

Not Applicable

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

BECKS, JEWELL W.
4400 TANGERINE ST.
COCOA FL 32926

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, 2000 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	TD	<input type="checkbox"/> Delete
NAME	FUQUA, SUE M.	
STREET ADDRESS	1635 N BANANA RIVER DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	BECKS, CHARLES E III	
STREET ADDRESS	4625 PAPAYA STREET	
CITY-ST-ZIP	COCOA FL	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	BECKS, CHARLES E JR	
STREET ADDRESS	4400 TANGERINE ST	
CITY-ST-ZIP	COCOA FL 32926-2144	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	BECKS, JEWELL W	
STREET ADDRESS	4400 TANGERINE ST	
CITY-ST-ZIP	COCOA FL 32926-2144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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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:

SUE, FUQUA
TREASURER

MARCH 12, 2000

321/631-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #