

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91563 039 \*\*\*150.00

DOCUMENT # K13511

1. Entity Name

BEACON BUILDING CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1314 N.W. 42ND AVE.

3. Mailing Address

PMB 214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1016-102 CAPE CORAL PKY. W.

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL

4. FEI Number

65-0121097

Applied For

Not Applicable

Zip

33993

Country

LEE

Zip

33914

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WAYNE NEIDIGH

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

1314 N.W. 42ND AVE

City

CAPE CORAL

FL

Zip Code

33993

**DO NOT WRITE  
IN THIS SPACE**

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 WAYNE NEIDIGH PRES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/T WAYNE NEIDIGH 1314 N.W. 42ND AVE CAPE CORAL FL 33993	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S ERIC GALLAGHER 3950 WILLIAMSON RD. FT. MYERS FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE NEIDIGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

941 283 1642

Daytime Phone #

CR2E034B (12/01)