## 2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business    Sum	DOCUMENT # K61005					FILED		
Section   Control   Cont	1. Entity Name	•	/			May 31, 2	นบบ ช:บบ an	
SEALE   HOLDINGS   INC.   Substantial   Su						Secretar	y of State	
A PRINCIPAL PROCEST DRIVE 1671 THUMB POINT DRIVE 1671 THUMB POINT DRIVE FT. PIERCE FL 34949  2. Pinnopae Place of Business  Suite, Apr. 4, etc.    Suite, Apr. 4, etc.   DO NOT WRITE IN THIS SPACE	BEALE HOLDINGS, INC.						-	
### PLENCE FL 34949 FT. PIERCE FL 34949  2. Principe Pace of Business  Suite, Apt. #, etc.    DO NOT WRITE IN THIS SPACE	· ·		<del>-</del>					
2. Principal Place of Business  3. Melling Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & City & State  City & State  City & State  City & State  City & City & State  City & State  City & State  City & State  City & City & State  City & City & State  City & City & City & State  City & City & City & State  City &								
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Suite, Apt. e, etc.    Suite, Apt. e, etc.	ļ							
Suite, Apt. #, etc.    City & State	2. Principal Pla	ace of Business	3. Mailing Address					
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Description	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE	
Supervision	City & State		City & State			4. FEI Number	Applied For	
S. Certificate of Status Secreted   Fee Required	5., 4 - 12.5		Sily & Silate		•	65-0093826	Not Applicable	
SIGENATURE  6. Name and Address of Current Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  Name  7. Name and Address of New Registered Agent  8. Street Address (P.O. Box Number is Not Acceptable)  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.  8. SIGNATURE  8. Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered Agent squisture required when ministering)  9. This coopcration is eligible to asids/its in identities  8. SIGNATURE  8. Signature, types or protect name of registered agent and this if agricices.  8. (NOTE: Registered Agent squisture required when ministering)  9. This coopcration is eligible to asids/its individual to accept the purpose of changing its registered Agent squisture required when ministering)  9. This coopcration is eligible to asids/its individual to accept the purpose of changing its registered Agent squisture required when ministering)  9. This coopcration is eligible to asids/its individual to accept the purpose of changing its required when ministering)  9. This coopcration is eligible to asids/its individual to accept the purpose of changing its required when ministering)  9. This coopcration is eligible to asids/its individual to accept the purpose of the purpose of the Added Fees of Control Make Check Peyable to Department of State  10. Election Campaign Financing  10. Election Campaign Fina	Zip	Country	Zip	Co	untry	5. Certificate of Status Desired		
Name		6 Name and Address of Current	Registered Agent		<del></del>			
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Clay   FL   Zip Code	Street Ar					(P.O. Box Number is Not Acceptable)		
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  8. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  9. This corporation is eligible to easiety its intanglele (MOTE: Registered Agent argituther required when reinsterling) DATE  10. Election Campaign Financing (South Fired Agent Age			•					
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)  9. This corporation is eligible to satisfy its intangible Task filling requirement and electric to do so. (See criteria on back)    Title NOWIII FEE IS \$150.00   After MAY; 2000 Fee will be \$550.00   Trust Fund Contribution. Campaign Financing   \$5.00 May Be Added to Fees (See criteria on back)   Title NOWIII FEE IS \$150.00   Trust Fund Contribution. Campaign Financing   \$5.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution. The State   Trust Fund Contribution   Trust Fund Contribution. The State   Trust Fund Contribution of the receiver of units enterport or supplemental report is trust and accurate and that my signature shall have the same le								
8. The above named entity submits this statement for the purpose of changing its 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)	LI. ETE	RCE, IL 34949			City	F	Zip Code	
SIGNATURE    Signature, typed or partied name of registered agent and tills if applicable.   (NOTE: Registered Agent signature required when reinstating)   OATE	8. The above n	named entity submits this statemen	it for the purpose of changing	g its reg	sistered office or re		<u> </u>	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   After MAY 1, 2000 Fee will be \$550.00.   After MAY 1, 2000 Fee will be \$550.00.   After MAY 1, 2000 Fee will be \$550.00.   Added to Fees Make Crieck Payable to Department of States   Added to Fees Make Crieck Payable to Department of States   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fe						-	•	
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