

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32578

1. Entity Name

B & E GROUTING, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90025 003 ***150.00

Principal Place of Business

Mailing Address

~~1202 THOMAS CIRCLE~~
~~WINTER SPRINGS FL 32788-9336~~

~~1202 THOMAS CIRCLE~~
~~WINTER SPRINGS FL 32788-2936~~

810340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 WILDWOOD DR

3. Mailing Address

150 WILDWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD FL

4. FEI Number

59-2978390

Applied For

Not Applicable

Zip

Country

32773-5533 USA

Zip

Country

32773-5533 USA

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

~~SEABURN, DOUGLAS S~~
~~800 N HWY 434~~
~~STE 1~~
~~ATLAMONTE SPRINGS FL 32714~~

Name

JOHN E EPPARD

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

150 WILDWOOD DR

City

SANFORD

FL

Zip Code

32773

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

John E. Eppard

1-24-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	TOOTLE, WILLIAM A	
STREET ADDRESS	1202 THOMAS CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOOTLE, EVELIN	
STREET ADDRESS	1202 THOMAS CIR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	JOHN E. EPPARD	
STREET ADDRESS	150 WILDWOOD DR	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	D/VPE	<input type="checkbox"/> Delete
NAME	SUSAN EPPARD	
STREET ADDRESS	150 WILDWOOD DR	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN E. EPPARD	
STREET ADDRESS	150 WILDWOOD DRIVE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	D/VP/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN EPPARD	
STREET ADDRESS	150 WILDWOOD DRIVE	
CITY-ST-ZIP	SANFORD, FL 32773	
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:

John E. Eppard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00