FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # L32722** 1. Entity Name THE BECKSMITH COMPANY 04-12-2001 90066 045 ***150.00 Principal Place of Business Mailing Address 12733 GINGER DR. 12733 GINGER DR. 437 E. MONROE ST., STE, 202 437 E. MONROE ST., STE. 202 00034806 JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3010703 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROOKS, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 437 E. MONROE STREET **SUITE 202** JACKSONVILLE FL 32202 Zip Code City 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) FILE NOW!!! FEE IS (\$150.00) 9. This corporation is eligible to satisfy its Intangible_ -10. Election Campaign Financing --\$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete ☐ Change TITLE NAME BECKSMITH, PAUL R. NAME STREET ADDRESS STREET ADDRESS 12733 GINGER DRIVE CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL Delete TITLE ☐ Change Addition TITLE NAME BECKSMITH, LINDA A. NAME STREET ADDRESS STREET ADDRESS 12733 GINGER DRIVE CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl ☐ Delete TITI E Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachipen with an address, with all other like empowered.