

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90079 049 ***150.00

DOCUMENT # L45834

1. Entity Name

BEAUMONT, INC.

Principal Place of Business

Mailing Address

%LORAN A. JOHNSON
 215 N. EOLA DRIVE
 ORLANDO FL 32801

%LORAN A. JOHNSON
 215 N. EOLA DRIVE
 ORLANDO FL 32801-2028

2. Principal Place of Business

3. Mailing Address

333 Trismen Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL 32789

City & State

4. FEI Number

59-2992860

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, LORAN A.
215 N. EOLA DRIVE
ORLANDO FL 32801

Name

L. C. Grammer

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

333 Trismen Terrace

City

Winter Park, FL

FL

Zip Code
32789

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

Feb. 1, 2000

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GRAMMER, L.C.**
 STREET ADDRESS **333 TRISMEN TERRACE**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **ST** ☐ Delete
 NAME **GRAMMER, L.C.**
 STREET ADDRESS **333 TRISMEN TERRACE**
 CITY-ST-ZIP **WINTER PARK FL**

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2000 (407) 629-4726
 Date Daytime Phone #