

**DOCUMENT # L97552**

1. Entity Name

**BEULAND CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

2328 DESTINY WAY  
ODESSA FL 33556-3410

2328 DESTINY WAY  
ODESSA FL 33556-3410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3026058**

Applied For

Not Applicable

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

**MOORE, STEVEN W ESQ.  
2240 BELLEAIR RD.  
STE 100  
CLEARWATER FL 33764**

Name

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

City

**FL**

Zip Code

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

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, 2001 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	DVP	<input type="checkbox"/> Delete
NAME	BEAU, PHILIPPE	
STREET ADDRESS	2328 DESTINY WAY	
CITY-ST-ZIP	ODESSA FL 33556-3410	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GIRARD, JEAN-YVES	
STREET ADDRESS	2328 DESTINY WAY	
CITY-ST-ZIP	ODESSA FL 33556-3410	
TITLE	P--	<input type="checkbox"/> Delete
NAME	BEAU, ANDRE	
STREET ADDRESS	670 2ND STREET N.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andre Beau*

01/02/01

Date

(927) 372-5410

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90093 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)