

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010319

1. Entity Name

MANAGEMENT ENTERPRISES OF WPB, INC.

Principal Place of Business

6107 NEWSTEAD CT
GREENACRES FL 33463

Mailing Address

6107 NEWSTEAD CT
GREENACRES FL 33463

2. Principal Place of Business

971 BRIARWOOD DR.
Suite, Apt. #, etc.

3. Mailing Address

971 BRIARWOOD DR.
Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

Zip

33415

Country

USA

Zip

33415

Country

USA

4. FEI Number

65-0974907

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

BEAVERS, JERRY E

6107-NEWSTEAD CT
GREENACRES FL 33463

Name

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

971 BRIARWOOD DR.

City

WEST PALM BEACH FL

Zip Code

33415

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 JERRY E. BEAVERS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/01

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 PSTD
NAME BEAVERS, JERRY E
STREET ADDRESS 6107 NEWSTEAD CT
CITY-ST-ZIP GREENACRES FL 33463 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

JERRY E. BEAVERS

Date

Daytime Phone #

1/16/01 561-471-0605

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90092 010 ***150.00

00010011



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)