

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000028136

1. Entity Name John Beale, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1315 Valley Hill Dr.

3. Mailing Address
3355 Bearss Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Tampa, Florida

Zip
33813

Country

Zip
33618

Country

4. FEI Number
59-3637088

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Walter Sanders

Street Address (P.O. Box Number is Not Acceptable)
3355 Bearss Avenue

City Tampa

FL

Zip Code
33618

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 Walter Sanders

Walter Sanders

3/27/02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D/P
NAME John Beale
STREET ADDRESS 1315 Valley Hill Drive
CITY-ST-ZIP Lakeland, Florida 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Beale John Beale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 863-644-6356

Date

Daytime Phone #

CR2E034B (12/01)