

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

0513846 AV

DOCUMENT # P00000045457

1. Entity Name  
BEVBUILDER CORP.



04-16-2003 90207 028 \*\*\*150.00

Principal Place of Business  
2560 GRAND AVE  
FT MYERS FL 33901

Mailing Address  
PO BOX 2104  
FT. MYERS FL 33902



2. Principal Place of Business

3. Mailing Address

2999 Brevard AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ft. Myers, FL 33901

City & State

4. FEI Number 65-1013386

Applied For  
Not Applicable

Zip Country  
33902 Lee

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMONDS, BEVERLY A  
2560 GRAND AVE  
FT MYERS FL 33901

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2999 Brevard AV.  
Ft. Myers FL FL Zip Code 33901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Beverly A. Simonds*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SIMONDS, BEVERLY A  
STREET ADDRESS P O BOX 2104  
CITY-ST-ZIP FT MYERS FL 33902

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

TITLE D ☐ Delete  
NAME SIMONDS, H F JR  
STREET ADDRESS P O BOX 2104  
CITY-ST-ZIP FT MYERS FL 33902

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly A. Simonds* 4-14-03 (239) 839-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)