

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90306 030 \*\*\*150.00

**DOCUMENT # P00000052136**

1. Entity Name  
**ROBERT BEIL, INCORPORATED**

Principal Place of Business

**3405 BENT PINE DRIVE  
 FT. PIERCE FL 34951**

Mailing Address

**3405 BENT PINE DRIVE  
 FT. PIERCE FL 34951**

2. Principal Place of Business

**9519 Shadow Lane**

Suite, Apt. #, etc.

3. Mailing Address

**9519 Shadow Lane**

Suite, Apt. #, etc.

City & State

**Ft. Pierce, FL**

City & State

**Ft. Pierce, FL**

Zip

**34951**

Country

Zip

**34951**

Country

4. FEI Number

**59-3659742**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BEIL, ROBERT I  
 3405 BENT PINE DRIVE  
 FT. PIERCE FL 34951**

7. Name and Address of New Registered Agent

Name  
**Robert I. Beil**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9519 Shadow Lane**

City **Ft. Pierce** FL Zip Code **34951**

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 **Robert I. Beil**

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

(NOTE: Registered Agent signature required when reinstating)

**4-15-02**

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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEIL, ROBERT I</b>	
STREET ADDRESS	<b>3405 BENT PINE DRIVE</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34951</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert I. Beil</b>	
STREET ADDRESS	<b>9519 Shadow Lane</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL 34951</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Robert I. Beil**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02**

Date

**772 467 2677**

Daytime Phone #

CR2E034 (9/01)