2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000053062 1. Entity Name JOHN BECK, INC.				Secretary of State 02-19-2002 90017 041 ***150.00					
Principal Place of Business Mailing Address 1831 BRUMLEY ROAD CHULUOTA FL 32766 CHULUOTA FL 32766									
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Numb	er 59-336345 2	⊢ ——	pplied For ot Applicable		
Zip Country		Zip	Country	5. Certificate	Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New Registe	ered Agent			
			Name				-		
DULIN; RAMSEY W 201 E. PINE STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
Suite 42 Orland	o FL 32801		City	City			FL Zip Code		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. rria on back)	After May 1, 20 Make Check Paya	III FEE IS \$150.00 002 Fee will be \$550.00 ble to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND I		12.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, DEBRA 1831 BRUMLEY ROAD CHULUOTA FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, JOHN 1831 BRUMLEY ROAD CHULUOTA FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		
indicated of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor , or on an attachment with an address, w	rue and accurate and that i vered to execute this report	my signature shall have th t as required by Chapter 6	e same legal effec	of as if made under oath; th	nat I am an officer	or director		

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 21

01/24/2002

(407)221-653

Daytime Phone #