


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90135 035 \*\*\*150.00

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<b>DOCUMENT #</b> P00000054892	
<b>1. Entity Name</b> WILLIAM D. BEAMER, CHARTERED	

<b>Principal Place of Business</b> 1290 E OAKLAND PARK BLVD. SUITE 107 FT LAUDERDALE FL 33334	<b>Mailing Address</b> 1290 E OAKLAND PARK BLVD. SUITE 107 FT LAUDERDALE FL 33334
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<b>2. Principal Place of Business</b> 1400 E. OAKLAND PK BLVD Suite, Apt. #, etc. SUITE 108 City & State FT. LAUDERDALE, FL	<b>3. Mailing Address</b> 1400 E. OAKLAND PK BLVD. Suite, Apt. #, etc. SUITE 108 City & State FT. LAUDERDALE, FL
Zip 33334	Country BROWARD



☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> BEAMER, WILLIAM D <del>1290 E OAKLAND PARK BLVD, SUITE 107</del> FT LAUDERDALE FL 33334	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1400 E. OAKLAND PK BLVD SUITE 108 City FT LAUDERDALE FL Zip Code 33334
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**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.**

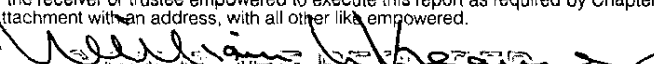
SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BEAMER, WILLIAM D 1290 E OAKLAND PARK BLVD, SUITE 101 FT LAUDERDALE FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 E. OAKLAND PARK BLVD #108 FT. LAUDERDALE, FLA. 33334
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**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:  4/28/03 954-561-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)