

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90200 036 ***150.00

DOCUMENT # P00000073029

1. Entity Name

DEBEER, INC.

Principal Place of Business

**8747 W BEAVER ST
JACKSONVILLE FL 32220**

Mailing Address

**8747 W BEAVER ST
JACKSONVILLE FL 32220**

2. Principal Place of Business

Jacksonville

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6521

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL 32236

4. FEI Number

59-3673816

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAT M FOWLER, P.A.
155-5 BLANDING BLVD
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name Henrick C. DeBeer

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

8747 West Beaver St.

City

Jacksonville, FL 32220 FL

Zip Code

32220

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 Henrick C. DeBeer

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

(NOTE: Registered Agent signature required when reinstating)

2/14/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST DEBEER, HENRICK C 8747 W BEAVER ST JACKSONVILLE FL 32220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/01

DATE

904-781-6576

Daytime Phone #

CR2E034 (10/00)