

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000073029**

1. Entity Name

DEBEER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13400 SUTTON PARK DR S

13400 SUTTON PARK DRIVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1104

#1104

City & State

City & State

JACKSONVILLE FLORIDA

JACKSONVILLE FLORIDA

Zip

Country

Zip

Country

32224

DUAL

32224

DUAL

REINSTATEMENT

4. FEI Number
593673816

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HENDRICK C. DEBEER

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

13400 SUTTON PARK DRIVE

City

South #1104

City

JACKSONVILLE

FL

Zip Code

32224

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

100009384301

12/06/02-01014-004

DATE

****1650.00**

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**President
HENDRICK C. DEBEER
13400 SUTTON PARK DRIVE SOUTH
#1104
SOUTH, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)