

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90121 003 ***150.00

DOCUMENT # P01000062034

1. Entity Name
THE BEAVER CORPORATION

Principal Place of Business

**2602 KESWICK CT.
 KISSIMMEE FL 34744**

Mailing Address

**2602 KESWICK CT.
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3735433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SISSON, LARRY
 218 SOUTHERN COUNTRY LN.
 QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

JOHN W. WALMSLEY

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

2602 KESWICK CT

City

KISSIMMEE FL FL 34744

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

(NOTE: Registered Agent signature required when reinstating)

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	DL	<input type="checkbox"/> Delete
NAME	WALMSLEY, JOHN WILLIAM	
STREET ADDRESS	2602 KESWICK CT.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	DL	<input type="checkbox"/> Delete
NAME	WALMSLEY, PATRICIA ANN	
STREET ADDRESS	2602 KESWICK CT.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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	WALMSLEY, JOHN W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALMSLEY, JOHN W.	
STREET ADDRESS	2602 KESWICK CT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	WALMSLEY, PATRICIA ANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALMSLEY, PATRICIA ANN	
STREET ADDRESS	2602 KESWICK CT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)