

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007088

1. Entity Name
BECK INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 24 PM 2:22

Principal Place of Business
267 JOHN KNOX RD.
TALLAHASSEE, FL 32303

Mailing Address
267 JOHN KNOX RD.
TALLAHASSEE, FL 32303

2. Principal Place of Business

1391 TIMBERLANE RD

3. Mailing Address

1391 TIMBERLANE RD



Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

SUITE 105

☐ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

03-0383401

Applied For

Not Applicable

Zip **32312**

Country **LEON**

Zip **32312**

Country **LEON**

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMER, CARL E
361 BEAVER LAKE RD.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	CARL GOMER
CITY-ST-ZIP	361 BEAVER LAKE RD TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	KATHRYN GOMER
CITY-ST-ZIP	361 BEAVER LAKE RD TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	ELIK GOMER
CITY-ST-ZIP	361 BEAVER LAKE RD TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	BRECKEN WEINMAN
CITY-ST-ZIP	361 BEAVER LAKE RD TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL GOMER

3-24-03 386-5552

Date

Daytime Phone #

CR2E034 (10/02)