

DOCUMENT # P02000063786

P. BEA'S MORTGAGE AND REALTY GROUP, INC.



Mailing Address
10646 HAVERFORD ROAD #7
JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE



4 FEI Number
59-3285950

Applied For
Not Applicable

5 Certificate of Status Desired

**\$8.75 Additional
Fee Required**

BEA, PATRICK B
11576 RIVA RIDGE COURT
JACKSONVILLE, FL 32218

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IN THIS SPACE**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9 Election Campaign Financing
Trust Fund Contribution.

**\$5 00 May Be
Added to Fees**

TITLE	PD
N ME	BEA, PATRICK B
STREET DORESS	11576 RIVA RIDGE COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	VD
N ME	BEA, SHERE'E M
STREET DORESS	11576 RIVA RIDGE COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000025715
02/02/04-80113-012 158.75

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IN THIS SPACE**

12 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

1-26-04 904-757-6416

Date: _____

Daytime Phone #