

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90128 036 ***150.00

DOCUMENT # P02000076849

1. Entity Name
BECT GROUP, INC.



Principal Place of Business
377 BELL BRANCH LANE
JACKSONVILLE FL 32259

Mailing Address
377 BELL BRANCH LANE
JACKSONVILLE FL 32259

2. Principal Place of Business
1785 LAKESIDE AVE

3. Mailing Address
1785 LAKESIDE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SAINT AUGUSTINE FL

City & State
SAINT AUGUSTINE FL

4. FEI Number
41-2057850

Applied For
Not Applicable

Zip
32084-5000

Country
ST JOHN

Zip
32084

Country
ST JOHN

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H JR
3010S THIRD ST
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name Robert Smarslok
Street Address (P.O. Box Number is Not Acceptable) 377 Bell Branch Lane
City Jacksonville **FL** **Zip Code** 32259

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 Carole Smarslok CAROLE SMARSLOK
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/20/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D Pres	<input type="checkbox"/> Delete
NAME	SMARSLOK, ROBERT J	
STREET ADDRESS	377 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D Vice Secretary	<input type="checkbox"/> Delete
NAME	SMARSLOK, CAROLE A	
STREET ADDRESS	377 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	E	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD F. PRANGE	
STREET ADDRESS	377 BELL BRANCH LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
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		

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: CAROLE SMARSLOK Carole Smarslok 3/20/03 904-824-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)