3

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000107065

1. Entity Name BEAUFORCE, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90154 003 ***150.00

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Principal Place of Business 304 W. LIME ST TARPON-SPRINGS FL 34689				Mailing Address 304 W. LIME ST TARPON SPRINGS FL 34689					~~.~.	v		
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2. Principal Place of Business				3. Mailing Address				i ildərildə i kir dərim kirili əbbir d	HAR dala r mengal		0 6 1101 0711+1801=	£
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number Applied For Not Applied For]
Zip Country				. Zip Countr		try		5 Certificate of Status Desired		8.75 Ad	8.75 Additional	
<u></u>	6. Name a	and Address of C	istered Agent	d Agent			7. Name and Address of New Registered Agent					
						Name						7
HARLAN, BRUCE M				Ctropt Address			(PO B	(D.O. Boy Number is Not Apportula)				
2963 GULF TO BAY BLVD., SUITE 265							et Address (P.O. Box Number is Not Acceptable)					
CLEARWA	ATER FL 337	759										1
						City		 	FL	Zip Cod	le	1
	named entity ions of registe		ment for the	purpose of chang	ing its registere	ed office or regist	ered ag	ent, or both, in the State of Flo	rida. Lam fa	miliar with,	and accept	
SIGNATURE _	Signature bands	r printed name of registers	and a good and tit	to if newtookle	(NOTE Popletare	d Agent signaturs requir		inclation	DATE			
				ie ii applicabie.	(NOTE: Registered		180 Mileli IG	ins(ating)				-{
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						* • • • • • • • • • • • • • • • • • • •	-	Election Campaign Fin Trust Fund Contribution)0 May Be d to Fees	-
<u></u>	to				•			DITIONS (OLIANDES TO OFF	IOCOD ALID I	SIGNATOR	(a) (b) (d)	4
10.	P/S	OFFICER	S AND DIRE	ECTORS Delete	11.		AD	DITIONS/CHANGES TO OFF		DIRECTOR	Addition	12
NAME	HARLAN, I	BRUCE M		L Detell	NAME	í			,	Onlange	L] Addition	10/01
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	ertify that the	information supplie	ed with this	filing does not au			Section 1	119.07(3)(i), Florida Statutes:	further certif	v that the i	nformation ·	1
indiantad	on this report	or aunalemental re	port in true	and againsts and	that my signat	بطه مبيمط المطم متب	o como l	and affect as if made under a	make that I am			1

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

4.10-03 727 725-7444