

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91363 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000134423

1. Entity Name
BEICH VENTURES, INC.



Principal Place of Business
5555 MORNINGSIDE STE 207
HOUSTON, TX 77005

Mailing Address
5555 MORNINGSIDE STE 207
HOUSTON, TX 77005

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
22-3891027

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BLVD STE 600
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name
FOWLER WHITE BOGGS BANKER P.A.

Street Address (P.O. Box Number is Not Acceptable)
5811 PELICAN BAY BOULEVARD

SUITE 600

City
NAPLES

FL

Zip Code
34108

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. **FOWLER WHITE BOGGS BANKER P.A.**

SIGNATURE

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

(NOTE: Registered Agent 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
William A. Beich
7515 Pelican Bay Blvd Unit 15-D
Naples, FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Fritz P. Beich
3415 Tangleway
Houston, TX 77005 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
David W. Beich
9 Harwood Place
Bloomington, IL 61701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Diane Beich McCall
1106 Columbus Circle
Jamesville, WI 53545 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5555 Morningside,
Suite 207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
175 E. Delaware Place
Chicago, Illinois 60611 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/02)