

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90010 007 ***158.75

DOCUMENT # P14923

1. Entity Name
BECKNER PAINTING-SOUTHEAST, INC.

Principal Place of Business 9420 LAZY LANE D7 TAMPA FL 33614	Mailing Address 9420 LAZY LANE D7 TAMPA FL 33614
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DO NOT WRITE IN THIS SPACE

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 43-1431797	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME BECKNER, DAVID E.	
STREET ADDRESS 9420 LAZY LANE, B17	
CITY-ST-ZIP TAMPA FL	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME BECKNER, BETTY L.	
STREET ADDRESS 9420 LAZY LANE, B17	
CITY-ST-ZIP TAMPA FL	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME GLOUSE, RICHARD D.	
STREET ADDRESS 9420 LAZY LANE, B17	
CITY-ST-ZIP TAMPA FL	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P, T, C, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BECKNER SENDKER, Richard	
STREET ADDRESS 3404 Forelock RD	
CITY-ST-ZIP TARPON SPRINGS, FL. 34689	
TITLE V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SENDKER, KEVIN	
STREET ADDRESS 3404 Forelock RD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUTIG, FRANK	
STREET ADDRESS 3404 Forelock RD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GUNVALDSON, Patricia	
STREET ADDRESS 15132 SHAW RD	
CITY-ST-ZIP TAMPA FL 33625	
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A Sendker **Richard A SENDKER** 1/5/01 813/933-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR 1/29

CR2E034 (10/00)