

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90159 016 ***150.00

032625

DOCUMENT # P39716

1. Entity Name

BEACON INVESTMENT SERVICES, INC.

Principal Place of Business

**13104 MEADOW BREEZE DR.
WELLINGTON FL 33414**

Mailing Address

**13104 MEADOW BREEZE DR.
WELLINGTON FL 33414**

00029885



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2423603**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADES, HOWARD
3552 E. SANDPIPER DRIVE
STE 3
BOYNTON BEACH FL 33436**

Name **MADES, HOWARD**

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

13104 MEADOW BREEZE DRIVE

City **WELLINGTON**

FL

Zip Code

33414

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 *Howard Made* **HOWARD MADES**

3/24/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete
NAME **MADES, HOWARD**
STREET ADDRESS **3552 E SANDPIPER DR #3**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **C.T** ☒ Change ☐ Addition
NAME **MADES, HOWARD**
STREET ADDRESS **13104 MEADOW BREEZE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **S** ☐ Delete
NAME **MADES, MICHELLE**
STREET ADDRESS **16000 BENT TREE FOREST CIR SUITE 624**
CITY-ST-ZIP **DALLAS TX 75248**

TITLE **D** ☒ Change ☐ Addition
NAME **MADES, JANE**
STREET ADDRESS **13104 MEADOW BREEZE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PS** ☐ Change ☒ Addition
NAME **MADES, JANE**
STREET ADDRESS **13104 MEADOW BREEZE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Howard Made* **HOWARD MADES** **3/24/01** **561-333-9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)