

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-21-2001 90374 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P930000 25757**1. Entity Name **BENEFICAL PRODUCTS EAST, INC.**

Principal Place of Business

Mailing Address

6431 Lakeland Highland Rd P.O. Box 1168
 Lakeland, FL 33813 Highland City, FL
 33846-1168

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
59-3188553Applied For
Not Applicable8. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Taft, William K Jr
 6431 Lakeland Highlands Rd
 Lakeland, FL 33813

Name

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

City

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

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

(NOTE: Registered Agent signature required when changing)

DATE

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

FILE NUMBER: P930000
 AND MAY 1, 2001 FEE: \$150.00
 (See Check Payable to Department of State)

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

11. OFFICERS AND DIRECTORS

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William K. Taft Jr William K. Taft Jr 863-644-5273

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

Filing Fee \$

CR2001 (11/00)