2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000021013** May 01, 2000 8:00 am Secretary of State BEACON CONSULTING GROUP, INC. 05-01-2000 90488 044 ***158.75 Mailing Address Principal Place of Business 1702 EAST TERRACE DRIVE 1702 EAST TERRACE DRIVE LAKE WORTH FL 33460-6473 LAKE WORTH FL 33460 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0593070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUILLAMA, NOEL J Address (P.O. Box Number is Not Accept 1702 EAST TERRACE DRIVE LAKE WORTH FL 33460 ng its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib 10. Election Campaign Financing \$5.00, May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 --Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP ☐ Addition TITLE ☐ Delete TITLE GUILLAMA, NOEL J NAME NAME STREET ADDRESS STREET ADDRESS 1702 EAST TERRACE DRIVE CITY-ST-ZIP CITY-ST-7/P LAKE WORTH FL 33460 Delete ☐ Change ☐ Addition TITLE GUILLAMA, ELAYNE Z NAME NAME STREET ADDRESS STREET ADDRESS 1702 EAST TERRACE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information sup indicated on this report or supplement

SIGNATURE:

of the corporation or the rec changed, or on an attach

SIGNATURE A

SIGNING OFFICER OR DIRECTOR

ignature shall have the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #