

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90961 009 \*\*\*150.00

**DOCUMENT #** P94000065964

1. Entity Name  
**BECK SALES, INC.**

Principal Place of Business Mailing Address  
**20201 County Line Rd 20201 County Line Rd**  
**Lutz, Florida Lutz, FL.**  
**33558 33558**



DO NOT WRITE IN THIS SPACE

2. City & State **Lutz, Florida 33558** 3. Mailing Address Suite, Apt. #, etc.  
 City & State **Lutz, Florida 33558** 4. FEI Number **65-0518505** Applied For  
 33558 Pasco Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Not Applicable

6. Name and Address of Current Registered Agent  
**SHERBON, MELISSA R**  
**16204 OAK MANOR DR**  
**TAMPA FL 33624**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gerald J. Sherbon</b> <b>20201 County Line Rd</b> <b>Lutz, FL 33558</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gerald J. Sherbon</b> <b>20201 County Line Rd</b> <b>Lutz, Florida 33558</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** *Gerald J. Sherbon* **3/26/02** **813-909-7700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)