2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P94000065964

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90190 024 ***150.00

1. Entity Name BECK SALES, INC.		
Principal Place of Business 20201 COUNTYLINE RD LUTZ FL 33558 US	Mailing Address 20201 COUNTYLINE RD LUTZ FL 33558 US	
2. Principal Place of Business	3. Mailing Address	

US US	558	LUTZ FL 33558 US		A P ar io Pario Pario Barro Barro Barro Barro Ba			
Principal Place of Business 3. Mailing		3. Mailing Address	-				
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	☐ CHECK HERE IF MAKING CHANGES		
City & State City & State			4. FEI Number 65-0518505		Applied For		
Zip	Country	Zíp	Country	_ · _	\$8.75	Not Applicable Additional	
6. Name and Address of Current I		rent Registered Agent	<u> </u>		Fee Req	Fee Required	
CHEDDO		en negistered Agent	Name	7. Name and Address of New Regis	tered Agent		
SHERBON, MELISSA R 16204 OAK MANOR DR		Street Addre	ss (P.O. Box Number is Not Acceptable)				
TAMPA F	FL 33624						
			City		FL Zip (Code	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	DTE: Registered Agent signature req	ulred when reinstating)	DATE		
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	t of State	_	Election Campaign Financia Trust Fund Contribution.	· — •	5.00 May Be Ided to Fees	
TITLE	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	SHERBON, GERALD J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge 🗌 Addition	
TITLE NAME		☐ Delete	TITLE NAME		Chang	ge Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		· · · -		
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE: 7

STREET ADDRESS