## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P94000074652** BECKMAN/CLEVENGER INC. 2-28-2001 90117 050 \*\*\*150.00 Principal Place of Business Mailing Address 139 HICKORY WOOD DRIVE 139 HICKORY WOOD DRIVE CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3276469 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKMAN, MORTON Street Address (P.O. Box Number is Not Acceptable) 22 DRAGON WOOD CIR **CRAWFORDVILLE FL 32327** 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE TITLE Change Addition ☐ Delete RICK CLEVENGER NAME NAME STREET ADDRESS 139 HICKORY WOOD DR STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MORTON BECKMAN NAME NAME STREET ADDRESS 22 DRAGONWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32227 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE 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

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 diffuse 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 withlanged by such all other like empowered.

SIGNATURE:

HATURE AND TYNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.26-01

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