

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-06-2002 90284 004 ***158.75

37329



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000015939

1. Entity Name

BEVAR SYSTEMS, INC.

Principal Place of Business

6396 US HWY 1 SOUTH
 ROCKLEDGE FL 32955

Mailing Address

6396 US HWY 1 SOUTH
 ROCKLEDGE FL 32955

2. Principal Place of Business

2291 HAPPY HILL RD.

Suite, Apt. #, etc.

3. Mailing Address

2291 HAPPY HILL RD.

Suite, Apt. #, etc.

City & State

Lexington, NC

Zip 27295

Country

USA

City & State

Lexington, NC

Zip 27295

Country

USA

4. FEI Number

59-3298351

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, BENEDICT
 2291 HAPPY HILL RD.
 Lexington, NC 27295

7. Name and Address of New Registered Agent

Name

DAVIS, CHRIS

Street Address (P.O. Box Number is not acceptable)

150 FORTENBERRY ROAD

TELE: (321) 452-5061

City

MERRITT ISLAND, FLORIDA

Zip Code

32952

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-27-02

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

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
 NAME VARELA, BENEDICT
 STREET ADDRESS 6205 HALYARD COURT
 CITY-ST-ZIP ROCKLEDGE FL 32955

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
 NAME VARELA, BENEDICT
 STREET ADDRESS 2291 HAPPY HILL RD.
 CITY-ST-ZIP LEXINGTON, NC 27295

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Addition

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:

BENEDICT VARELA

Date

6-20-02 / 336-787-3252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)