

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032026

1. Entity Name

BECKER INSURANCE CONSULTANTS, INC.

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90072 043 ***150.00

00020008



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

182 SHELLEY DR SE
WINTER HAVEN FL 33884-2368

6039 CYPRESS GARDENS BLVD
PMB 414
WINTER HAVEN FL 33884-2368

2. Principal Place of Business

309 STARR RIDGE DR.

Suite, Apt. #, etc.

3. Mailing Address

6039 CYPRESS GARDENS BLVD

Suite, Apt. #, etc.

PMB 414

City & State

LAKE WALES, FL

City & State

WINTER HAVEN, FL

Zip

33853

Country

USA

Zip

33884-4115

Country

USA

4. FEI Number

59-3310951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, DWAIN P
132 SHELLEY DR SE
WINTER HAVEN FL 33884-2368

7. Name and Address of New Registered Agent

Name DWAIN P. BECKER

Street Address (P.O. Box Number is Not Acceptable)

6039 CYPRESS GARDENS BLVD.

PMB 414

City

WINTER HAVEN

FL

Zip Code

33884-4115

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

DWAIN P. BECKER, PRESIDENT

2/21/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BECKER, DWAIN P
132 SHELLEY DR SE
WINTER HAVEN FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BECKER, DWAIN P.
309 STARR RIDGE DR.
LAKE WALES, FL 33853 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWAIN P. BECKER

2/21/01 (863)679-7540

Date

Day/Time Phone #

CR2E034 (10/00)