

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010859

1. Entity Name

BECKER ADVISORS, INCORPORATED

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90027 005 \*\*\*150.00

Principal Place of Business

Mailing Address

221 N CAUSEWAY STE C  
NEW SMYRNA BEACH FL 32169  
US

221 N CAUSEWAY  
STE C  
NEW SMYRNA BEACH FL 32169-5200  
US

2. Principal Place of Business

200 S. ORANGE ST.

3. Mailing Address

200 S. ORANGE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FL NSB, FL

City & State

NSB, FL

4. FEI Number

59-3358570

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired.

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, LISA  
221 N CAUSEWAY  
STE C  
NEW SMYRNA BEACH FL 32169

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

*Lisa Becker, President*

4.24.00

DATE

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, 2000 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 PSTD  
NAME BECKER, LISA C  
STREET ADDRESS 221 N CAUSEWAY STE C  
CITY-ST-ZIP NEW SMYRNA BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*LISA BECKER*

4.24.00

904-427-4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)