

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90009 020 ***150.00

DOCUMENT # P96000010859

1. Entity Name
BECKER ADVISORS, INCORPORATED

Principal Place of Business
200 SOUTH ORANGE STREET
NEW SMYRNA BEACH FL 32168
US

Mailing Address
200 SOUTH ORANGE STREET
NEW SMYRNA BEACH FL 32168
US

2. Principal Place of Business
2378 NORDIC Loop
Suite, Apt. #, etc.

3. Mailing Address
2378 NORDIC Loop
Suite, Apt. #, etc.

City & State
Whitefish MT
Zip
59937
Country
USA

City & State
Whitefish MT
Zip
59937
Country
USA

4. FEI Number 59-3358570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
LISA BECKER
Street Address (P.O. Box Number is Not Acceptable)
~~2378 NORDIC Loop~~ 1640 N. Atlantic Ave
NEW SMYRNA BCH FL 32169
City
Whitefish FL Zip Code
59937

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4-24-01

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
PSTD
BECKER, LISA C
221 N CAUSEWAY STE C
NEW SMYRNA BEACH FL ☐ 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
LISA C. BECKER
2378 NORDIC Loop
Whitefish MT 59937 ☒ 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: *Lisa Becker* LISA BECKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4-24-01 406-863-2381

Daytime Phone #

CR2E034 (10/00)