

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015373

1. Entity Name
BEACON CONSTRUCTION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90235 033 ***158.75

Principal Place of Business

Mailing Address

16 CHURCH STREET
OSPREY FL 34229

16 CHURCH STREET
OSPREY FL 34229-9349

2. Principal Place of Business

3. Mailing Address

107 S. VERONA ST
Suite, Apt. #, etc.

107 S. VERONA ST
Suite, Apt. #, etc.

City & State
NOKOMIS FL
Zip
34275
Country
USA

City & State
NOKOMIS FL
Zip
34275
Country
USA

4. FEI Number 65-0647191

Applied For
Not Applicable

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

ULRICH, RICHARD A
2940 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Name
W. G. CLARKE
Street Address (P.O. Box Number is Not Acceptable)
107 S. VERONA ST
City
NOKOMIS FL Zip Code
34275

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 W. G. CLARKE PRESIDENT

2/26/00

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KEITH, J. LLOYD	
STREET ADDRESS	16 CHURCH STREET	
CITY-ST-ZIP	OSPREY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, WILLIAM G.	
STREET ADDRESS	107 S. VERONA ST.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM G. CLARKE	
STREET ADDRESS	107 S. VERONA ST	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAN W. CLARKE	
STREET ADDRESS	107 S. VERONA ST	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

W. G. CLARKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/00 941-485-3884

CR2E034 (9/99)