2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015373

BEACON CON	STRUCTION, INC.							
Principal Place of Bus	iness	Mailing Address						
107 S. VERONA ST NOKOMIS FL 34275		107 S. VERONA ST NOKOMIS FL 34275						
2. Principal Place of F	2 voigogo	La Mailing Address						
2. Principal Place of E		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Žip	Country					
6. N	ame and Address of Cu	urrent Registered Agent						

FILED Mar 26, 2001 8:00 am Secretary of State 03-26-2001 90057 013 ***150.00

Principal Place	of Business		Mailing Ad	ddress										
107 S. VERONA NOKOMIS FL 34			107 S. VER NOKOMIS I	RONA ST										
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2. Principal Pla	ace of Business	5	3. Mailing	Address										
Suite, Apt. #	, etc.		Suite, Ap	pt. #, etc.					1 OD	NOT WRIT	E IN TH	IS SPA	Œ	
City & State	•		City & S	tate				4. FEI Numbe	er 65-	064719	1			oplied For ot Applicab
Zip		Country	Zip		Country	,		5. Certificate	of Status I	Desired			75 Add Require	
	6. Name an	d Address of Curren	t Registered A	gent	<u> </u>			7. Name and	Address	of New R	egistere	d Ager	nt	
						Name	İ							
	K, W.G. S. Verona s	Т			_	Street Ad	dress (P.	O. Box Number	er is Not A	 cceptable)			
	OMIS FL 3427					,								
						City					F	EL	Zip Cod	e
8. The above r	named entity su	ubmits this statement	for the purpose	of changing its	registered	office or I	registere	ed agent, or bo	th, in the S	tate of Flo	rida.			
SIGNATURE _														
							1							
	Signature, typed or p	rinted name of registered agen	nt and title if applicable	le. (NOT	E: Registered A	gent signatur	e required w	vhen reinstating)			DAT	E		
	-						1					E		
9. This corpor	ration is eligible	to satisfy its Intangib elects to do so.	ele At	FILE NOW Iter MAY 1, 20	!!! FEE IS	\$ \$150.0 till be \$5	0	10. Ele	ection Carr ust Fund C	. •	ancing			0 May Be
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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

Daytime Phone #