

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90243 026 ***150.00

05/07/04 A1

DOCUMENT # P96000063610

1. Entity Name

A BEKA BOOK, INC.

Principal Place of Business

**250 BRENT LANE
 PENSACOLA FL 32503**

Mailing Address

**BOX 19100
 PENSACOLA FL 32523-9100
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3391229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HORTON, ARLIN R DR
 250 BRENT LANE
 PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

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

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, 2002 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 **P** ☐ Delete
 NAME **HORTON, ARLIN R DR**
 STREET ADDRESS **250 BRENT LANE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **ST** ☐ Delete
 NAME **HORTON, DR. REBEKAH**
 STREET ADDRESS **250 BRENT LANE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☒ Delete
 NAME **MUTSCH, GREGORY D DR**
 STREET ADDRESS **2703 WOOD BREEZE**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Delete
 NAME **MULLENIX, JOEL**
 STREET ADDRESS **3236 WINDMILL CIRCLE**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **VP** ☒ Delete
 NAME **RICE III, DR BILL**
 STREET ADDRESS **627 BILL RICE RANCH RD**
 CITY-ST-ZIP **MURFREESBORO TN 37129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **BEEMER, MATTHEW A.**
 STREET ADDRESS **2548 SOUTHERN OAKS DRIVE**
 CITY-ST-ZIP **CANTONMENT, FL 32533**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Arlin R. Horton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002
 Date

(850)478-8480
 Daytime Phone #

CR2E034 (9/01)