2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064329

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90111 005 ***150.00

1. Entity Name

J.W. BEAVER, INC.

Principal Place of Business	Mailing Address
~~4651 25TH AVENUE~~ ~~ST. PETERSBURG FL 33713~~ 40908 Sutorus Rd Zephryhills Fl 33540	~~4651 25TH AVENUE~~ ~~ST. PETERSBURG FL 33713-3123~~ PO Box 608 Crystal Springs Fl 33524

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
40908 Sutorus Rd	PO Box 608
Suite, Apt. #, etc. Zephryhills Fl ~~33540~~	Suite, Apt. #, etc.
City & State	City & State Crystal Springs Fl
Zip 33540 / Country US	Zip 33524 / Country US

4. FEI Number 59-3393076 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA
7345 JACKSON SPRINGS ROAD
STE 3
TAMPA FL 33634

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, 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

TITLE	D	☐ Delete
NAME	BEAVER, JOEL W II	
STREET ADDRESS	~~4651 25TH AVENUE~~ PO Box 608 33524	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33713~~ Crystal Springs Fl	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: X Joel W Beaver Pres Joel W Beaver II 4/1/00 813 779-0837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #