

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080815

1. Entity Name

ARTHUR C. BEAL, JR., P.A.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90150 042 ***150.00

Principal Place of Business
1584 METROPOLITAN BLVD.
TALLAHASSEE FL 32317-4509

Mailing Address
1584 METROPOLITAN BLVD.
TALLAHASSEE FL 32308-3775

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3404534**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BEAL, ARTHUR C JR
1584 METROPOLITAN BLVD.
TALLAHASSEE FL 32317-4509

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 _____ (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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAL, ARTHUR C JR.		NAME		
STREET ADDRESS	1584 METROPOLITAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317-4509		CITY-ST-ZIP		
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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: ARTHUR C. BEAL, JR. 2/14/00 850 422-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #