

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90054 033 ***150.00

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DOCUMENT # P96000080815

1. Entity Name

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

Principal Place of Business

1584 METROPOLITAN BLVD.
TALLAHASSEE FL 32317-4509

Mailing Address

1584 METROPOLITAN BLVD.
TALLAHASSEE FL 32317-4509

2. Principal Place of Business

1695-5 Metropolitan Circle

3. Mailing Address

P.O. Box 14509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Fl.

City & State

Tallahassee Fl. 32

Zip

32308

Country

USA

Zip

32317

Country

USA

4. FEI Number

59-3404534

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

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

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	PD	☐ Delete
NAME	BEAL, ARTHUR C JR.	
STREET ADDRESS	1584 METROPOLITAN BLVD. 1695-5 Metropolitan Circle	
CITY-ST-ZIP	TALLAHASSEE FL 32317-4509 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

(850) 422-2325

Daytime Phone #

CR2E034 (9/01)