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2001 UNIFORM BUSINESS REPORT (UBR)				R)	Sep 13, 2001 8:00 am Secretary of State		
DOCUMENT # P96000088307 1. Entity Name							
BEYER C	DEVELOPMENT CORP.				09-13-2001 90010 0		=
Principal Place 7020 JASMIN COCOA FL 3		Mailing Address 7020 JASMINE AVENUE COCOA FL 32927			C0076660		
2. Principal F 4900	Place of Business	3. Mailing Address 4900 FAY	BLVD.				
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	S SPACE	
City & Stat	A, FL	City & State		4.	59-3419147	Applied For Not Applicable	
Zip 3292	7 Country USA	Zip 32927	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7.	Name and Address of New Registere	d Agent	1
7020 JAS	RICHARD E JR MINE AVENUE	1 · · · · · · · · · · · · · · · · · · ·	Street Ad	ER, K Idress (P.O. E PAY	RICHARD E JR BOX Number is Not Acceptable)		-
COÇOA F	-L 32927				,		1
				OCOA	F	L Zip Code 32927	
8. The above	ramed entity gubmits this statement for the statement of	LIC		BEYE	R JR. PRES. 81	122/01	
Tax filing	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After September 12, 3 Make Check Payable		\$750.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees]
11.	OFFICERS AND (12.	AD	DITIONS/CHANGES TO OFFICERS A		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, RICHARD E JR 7020 JASMINE AVENUE COCOA FL 32927	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, 4900 F	, RICHARD E JR FAY BLVD. A, FL 32927	☑ Change ☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BEYER, RICHARD E JR 7020 JASMINE AVE NUE COCOA FL	☐ Delete	NAME STREET ADDRESS	PST BEYER 4900	FAY BLVD. FL 32927	☐ Change ☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		-	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	1

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 truese 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 made prices. When all office like empowered.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP