

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094501

1. Entity Name
DAVID A. BEALE, P.A.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90228 033 ***150.00

Principal Place of Business
172 NORTHEAST 2ND AVE
DELRAY BEACH FL 33444

Mailing Address
172 NORTHEAST 2ND AVE
DELRAY BEACH FL 33444

Changed

2. Principal Place of Business
355 NE 5th Avenue
Suite, Apt. #, etc.
Suite #1

3. Mailing Address
355 NE 5th Avenue
Suite, Apt. #, etc.
Suite #1

City & State
Delray Beach, FL
Zip
33483
Country
USA

City & State
Delray Beach, FL
Zip
33483
Country
USA

4. FEI Number 65-0717268
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BEALE, DAVID A
172 NORTHEAST 2ND AVE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
Name Beale, David A.
Street Address (P.O. Box Number is Not Acceptable)
355 NE 5th Avenue, Suite #1
City Delray Beach FL Zip Code 33483

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BEALE, DAVID A 11894 ISLAND LAKES LANE BOCA RATON FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David A Beale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2001

Date

(561) 243-1477

Daytime Phone #

CR2E034 (10/00)

0313224