

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098972

1. Entity Name

BEACON ELECTRICAL CONTRACTING & DESIGN, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90213 022 ***150.00

Principal Place of Business	Mailing Address
875 SUNSHINE LN STE 109 ALTAMONTE SPRINGS FL 32714 US	875 SUNSHINE LN STE 109 ALTAMONTE SPRINGS FL 32714-3904 US

2. Principal Place of Business 875 Sunshine Ln	3. Mailing Address 875 Sunshine Ln.
(Suite, Apt. #, etc.) (Suite 113)	(Suite, Apt. #, etc.) (Suite 113)

City & State Altamonte Springs, FL	City & State Altamonte, FL
Zip 32714	Zip 32714
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3412177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LIBKE, TIMOTHY R 875 SUNSHINE LN STE 109 ALTAMONTE SPRINGS FL 32714

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBKE, TIMOTHY	NAME	
STREET ADDRESS	5043 WATER WHEEL COURT	STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGO, TERRY, S.,	NAME	
STREET ADDRESS	1212 HELEN ST.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBKE, PHYLLIS J	NAME	
STREET ADDRESS	5043 WATERWHEEL CT	STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDINGTON, CONSTANCE E	NAME	
STREET ADDRESS	5166 WOOD RIDGE COURT	STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Timothy R. Libke Timothy R. Libke 4/19/00 407/865-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)