

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103417

1. Entity Name

BEIR FINANCIAL SERVICES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90006 024 ***150.00

Principal Place of Business

Mailing Address

3078 WATSON DR S
JACKSONVILLE FL 32257
US

3078 WATSON DR S
JACKSONVILLE FL 32256-8457
US

2. Principal Place of Business

3. Mailing Address

3501-103 CUMBERLAND CREEK RD CUMBERLAND CREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RALEIGH, NC

City & State

RALEIGH, NC

4. FEI Number

59-3419018

Applied For

Not Applicable

Zip

27613

Country

WAKE

Zip

27613

Country

WAKE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEIR, KENNETH L
3078 WATSON DR S
JACKSONVILLE FL 32257

Name

ALAN BEIR

Street Address (P.O. Box Number is Not Acceptable)

364 SOUTH MILL VIEW WAY

City

PONTE VEDRA ACH

FL

Zip Code

32241

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

alan m Beir

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS BEIR, KENNETH L 3078 WATSON DR. S JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3501-103 CUMBERLAND CREEK RD RALEIGH, NC 27613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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, be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-00 919-848-5081

CR2E034 (9/99)