

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**  
 04-24-2000 90123 019 \*\*\*150.00

**DOCUMENT # P97000004926**

1. Entity Name

**J.R. BEAL FINANCIAL, INC.**

Principal Place of Business

Mailing Address

150 1ST AVE NE  
 STE. 320  
 CEDAR RAPIDS IA 52401

6837 KENT DR. NE  
 CEDAR RAPIDS IA 52402-1568

2. Principal Place of Business

3. Mailing Address

740 North 15th Ave.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Hiawatha, IA

City & State

Zip

Country

Zip

Country

Linn

52233

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, SCOTT F CPA  
 200 SO. HOOVER BLVD. BLD. 201, STE. 140  
 TAMPA FL 33609

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, 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  
 D  
 BEAL, JANET R  
 6837 KENT DR NE  
 CEDAR RAPIDS IA 52402 ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00

Date

319-377-5540

Daytime Phone #

CR2E034 (9/99)