

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90179 021 ***158.75

DOCUMENT # P97000024481

1. Entity Name
B & K PUMP SERVICE, INC.

Principal Place of Business

**917 LACOSTA WAY
 LANTANA FL 33462**

Mailing Address

**917 LACOSTA WAY
 LANTANA FL 33462**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**167 Yacht Club Way
 Suite, Apt. #, etc.
 #107**

3. Mailing Address

**PO Box 3195
 Suite, Apt. #, etc.**

City & State

Hypoluxo, Florida

City & State

Lantana, Florida

4. FEI Number

65-0742066

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33465-3195 P USA

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BECKNER, ROBERT

**917 LACOSTA WAY
 LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name

Kelly Beckner

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

167 Yacht Club Way #107

City

Hypoluxo

FL

Zip Code

33462

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 **Kelly Beckner - Kelly Beckner President/Secretary 4-24-02**

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	BECKNER, ROBERT	
STREET ADDRESS	917 LACOSTA WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BECKNER, KELLY	
STREET ADDRESS	917 LACOSTA WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Beckner	
STREET ADDRESS	167 Yacht Club Way #107	
CITY-ST-ZIP	Hypoluxo, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Kelly Beckner Pres./Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 561-582-5427

CR2E034 (9/01)