2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P97000031218 1. Entity Name ED BECKER, INC. 04-30-2001 90135 014 ***150.00 Principal Place of Business Mailing Address 2043 GROUND SQUIRREL DR 2043 GROUND SQUIRREL DR NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655 2. Principal Place of Business 10314 U.S. 19 3. Mailing Address, U.S. 19 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3433424 Not Applicable \$8.75 Additional 4600 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKER, FERDINAND Street Address (P.O. Box Number is Not Acceptable) 2043 GROUND SQUIRREL **NEW PORT RICHEY FL 34655** e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE BECKER, ED NAME NAME 2043 GROUND SQUIRREL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34655** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐.Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if