

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90124 027 ****88.75
08-11-2002 90174 010 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064757

1. Entity Name
BEEKMAN-FRASER CONSULTING, INC.

Principal Place of Business
**3015 DREMA DRIVE
ST. CLOUD FL 34769
US**

Mailing Address
**3015 DREMA DRIVE
ST. CLOUD FL 34769
US**

R0130574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3458254**

Applied For
Not Applicable

Zip Country Zip Country

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

**FRASER, STEPHANIE M
3015 DREMA DRIVE
ST. CLOUD FL 34769**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	V BEEKMAN, CARL 3015 DREMA DRIVE ST. CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRASER-BEEKMAN, STEPHANIE M 3015 DREMA DRIVE ST. CLOUD FL 34769	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CRE034 (4/02)

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

Stephanie M Fraser

8/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # P9700064757

8-27-02

To Whom It May Concern:

re: 2002 Uniform Bus. Report.

I have never received the first notice
for filing this form. Had I I would have
mailed it right away.

I'm asking you to please waive the
late fee.

Thank you

Stephany M. From-Bal