

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91340 050 \*\*\*150.00

**DOCUMENT # P97000078292**  
 1. Entity Name  
**Beaver Holding Company**

Principal Place of Business      Mailing Address  
 11540 US Hwy 92 East      11540 US Hwy 92 East  
 Seffner, FL 33584      Seffner, FL 33584

**00054205**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**59-3467719**  
 Applied For  
 Not Applicable  
 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  
 Name: **David A. Beyer**  
 Street Address (P.O. Box Number is Not Acceptable):  
**C/O Piper Marbury Rudnick & Wolfe LLP**  
**101 E. Kennedy Blvd., Suite 2000**  
 City: **Tampa**      FL      Zip Code: **33602**

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: *David A. Beyer*      4-27-01  
 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, 2001 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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DVST</b>
STREET ADDRESS	<b>Lewis Stein</b>
CITY - ST - ZIP	<b>11540 US Hwy 92 East Seffner, FL 33584</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b>
STREET ADDRESS	<b>Jeffrey Seaman</b>
CITY - ST - ZIP	<b>6475 East Johns Crossing Duluth, GA 30097</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V</b>
STREET ADDRESS	<b>Jeffrey Finkel</b>
CITY - ST - ZIP	<b>6475 East Johns Crossing Duluth, GA 30097</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V</b>
STREET ADDRESS	<b>J. Michael Kettle</b>
CITY - ST - ZIP	<b>6475 East Johns Crossing Duluth, GA 30097</b>
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: *Lewis Stein*      **LEWIS STEIN**      4/24/01      813-623-5400  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (11/00)