

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90175 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094070

1. Entity Name

Kim Hatcher Beaumont, CPA, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12605 Federal Hwy

3. Mailing Address

Same

Suite, Apt. # etc.

101

Suite, Apt. # etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

4. FEI Number

65-0787557

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kimberly H. Beaumont

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

12605 South Federal Hwy

Suite 101

City

Boynton Beach

FL

Zip Code

33435

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Kimberly Beaumont
12605 Federal Highway, Ste 101
Boynton Beach, FL 33435

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly H. Beaumont, Pres.

4/22/02

Daytime Phone #

Kimberly H. Beaumont

CR2E034B (12/01)