## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P97000098240 1. Entity Name LUC J. BEYERS, INC. Principal Place of Business Mailing Address

Signature   Signature   Signature   Special content   Special co	
City & State  City & State  City & State  City & State  4. FEI Number 59-3477969  Applie Not A  S. Certificate of Status Desired  \$8.75 Address Fee Required Fee Required Fee Required Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable)  Street Address (P	
Zip Country Zip Country 59-3477969 S8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered Agent on back   City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)  9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)   PSD   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME   STREET ADDRESS   STREET A	
Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered Agent agrature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEE ANDRESS (CITY-ST-ZIP)  11. PSD	d For
BEYERS, LUC J 3533 BONAIRE BLVD \$808 KISSIMMEE FL 34741  City  FL  Zip Code  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 Fiorida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent aignature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to Interpretate the purpose of changing its registered agent aignature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added to Interpretate the purpose of changing its registered agent aignature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Change Change Change  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  BYERS, LUC J  STREET ADDRESS CITY-ST-ZIP  TITLE  MAME  Delete  TITLE  MAME  AMME  Change  Change  Change  Change  Change  Change  Change  Change	
BEYERS, LUC J 3533 BONAIRE BLVD #806 KISSIMMEE FL 34741  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	
Street Address (P.O. Box Number is Not Acceptable)  #808  KISSIMMEE FL 34741  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  PSIGNATURE (NOTE: Registered Agent signature required when reinstating)  PATE  10. Election Campaign Financing Trust Fund Contribution.  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  TITLE  PSD  BEYERS, LUC J  3533 BONAIRE BLVD #806  KISSIMMEE FL 34744  Delete  TITLE  NAME  CITY-ST-ZIP  TITLE  NAME  CITY-ST-ZIP  TITLE  NAME  CITY-ST-ZIP  Change  Change  Change  Change  Change	
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TITLE  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 Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that Laman officer or displacemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: the contraction of the cont	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR