2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100567 May 04, 2000 8:00 am Secretary of State 1. Entity Name BEAT INVESTMENTS, INC. 05-04-2000 90027 020 ***150.00 Mailing Address Principal Place of Business 1135 PASADENA AVE. SOUTH. STE. 304 1135 PASADENA AVE. SOUTH, STE. 304 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707-2856 2. Principal Place of Business 3. Mailing Address 200-50 DO NOT WRITE IN THIS SPACE Suite, A City & State Applied For City & State 4. FEI Number 59-3480932 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATKINS, J. THOMAS Street Address (P.O. Box Number is Not Acceptable) 318 LING-A-MOR TERRACE SOUTH ST. PETERSBURG FL 33705 Zip Code FL 8. The above named entity submits this statement tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE d Apent signature required when reinstating) DATE FILE.NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12. 11. 66/6 ☐ Addition Dekte TITLE TITLE ATKINS, J. THOMAS NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS 318 LING-A-MOR TERRACE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BECK, WILLIAM L NAME NAME STREET ADDRESS STREET ADDRESS 200 58TH AVE. CITY-ST-ZIP CITY-ST-ZiP ST: PETERSBURG FL 33706 ☐ Addition Change ☐ Dalete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST- NP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition #19lsO 🔲 TITLE NAME STREET ADDRESS STREET ADORESS 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 eath; 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 SIGNATURE: