

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90484 044 ***150.00

DOCUMENT # P97000103307

1. Entity Name

DAVID BEYER GENERAL REPAIRS, INC.

Principal Place of Business

13420 BEDFORD MEWS DRIVE
WELLINGTON FL 33414

Mailing Address

13420 BEDFORD MEWS DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

12700 Stone Pine Way
Suite, Apt. #, etc.

3. Mailing Address

12700 Stone Pine Way
Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm Beach

6. Name and Address of Current Registered Agent

BEYER, DAVID
13420 BEDFORD MEWS DRIVE
WELLINGTON FL 33414

4. FEI Number

65-0796813

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

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 \$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 PSD ☐ Delete
NAME BEYER, DAVID
STREET ADDRESS 13420 BEDFORD MEWS DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VTD ☐ Delete
NAME BEYER, KYMBERLY P
STREET ADDRESS 13420 BEDFORD MEWS DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-01

CR2E034 (10/00)