

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90029 042 ***150.00

DOCUMENT # P98000000011

1. Entity Name

BEYOND CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

PHILLIPS HWY
JACKSONVILLE FL 322075510-15 PHILLIPS HWY
JACKSONVILLE FL 32207-1712

2. Principal Place of Business

3. Mailing Address

5510 Phillips Hwy.

5510 Phillips Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

12

City & State
Jacksonville, FLCity & State
Jacksonville, FL

Zip

Country

Zip

Country

32207

USA

32207

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3484969**

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

ST. ANGELO, JOHN
5510-15 PHILLIPS HWY
JACKSONVILLE FL 32207Name **John St. Angelo**Street Address (P.O. Box Number is Not Acceptable)
5510-15 Phillips Hwy.**Jacksonville, FL 32207**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. ANGELO, JOHN 5510-15 PHILLIPS HWY JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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CR2E034 (9/99)

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:

John St. Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #