

FILED

Sep 03, 2002 8:00 am
Secretary of State

03-26-2002 90091 024 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *P98000012996*

1. Entity Name

*Beane Brothers of Florida, INC.***DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5901 Tampa Shores Blvd.

Suite, Apt. #, etc.

3. Mailing Address

5901 Tampa Shores Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3490095

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

33615

Country

*USA*5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nancy R. Calvin

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

5901 Tampa Shores Blvd.

City

Tampa

FL

Zip Code

*33615***DO NOT WRITE
IN THIS SPACE**

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 \$350.00

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	<i>P</i>
NAME	<i>Nancy R. Calvin</i>
STREET ADDRESS	<i>5901 Tampa Shores Blvd.</i>
CITY-ST-ZIP	<i>Tampa, FL 33615</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<i>VP</i>
NAME	<i>Robert Beane</i>
STREET ADDRESS	<i>3003 S. Atlantic Ave 202</i>
CITY-ST-ZIP	<i>Daytona Beach, FL 32118</i>

TITLE	
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**DO NOT WRITE
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)(l), 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: *Nancy R. Calvin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy R. Calvin

Date

Daytime Phone #

8-28-02 727-423-16649

CR2E034B (12/01)

Attachment

P98000012996

BEANE BROTHERS OF FLORIDA INC.
5901 TAMPA SHORES BLVD.
TAMPA, FL 33615

870756

Florida Department of Revenue
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Corporation Annual Report
Signed Copy Enclosed


Dear Sir or Madam:

Enclosed is a signed copy of the Uniform Business Report for our Corporation. We did not know that we failed to sign the original copy. However we did send in our annual fee before May 1, 2002.

We request that you accept the payment as in full payment of the annual fee, without assessing the additional \$ 400.00 for the following reason.

Your letter returning the report was inadvertently misplaced and was only discovered by my accountant when I gave him my accounting work for the second quarter of 2002. Had I realized that this had to be sent earlier I would have, of course, sent it in immediately upon receipt. There was no intentional disregard of your request, I just misplaced the request among many papers I have on my desk.

Sincerely;


Nancy R. Calvin, President