

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90150 026 \*\*\*150.00

**DOCUMENT # P98000014212**

1. Entity Name

**JOHN BEAUMONT TRUCKING INC.**

Principal Place of Business

**107 PINE ISLE DRIVE  
 SANFORD FL 32773**

Mailing Address

**107 PINE ISLE DRIVE  
 SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

**59-366 1011**

4. FEI Number

**58-2202826**

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

**BEAUMONT, JOHN W  
 107 PINE ISLE DRIVE  
 SANFORD FL 32773**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEAUMONT, JOHN W	
STREET ADDRESS	107 PINE ISLAND DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	AD	<input type="checkbox"/> Delete
NAME	BEAUMONT, JOHN E	
STREET ADDRESS	29201 GREEN WATER DR	
CITY-ST-ZIP	TEHACHAPIA CA 93561	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEAUMONT, NANCY W	
STREET ADDRESS	107 PINE ISLAND DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	AD	<input type="checkbox"/> Delete
NAME	WONG, RAYMOND	
STREET ADDRESS	4205 CRAWFORD CIR.	
CITY-ST-ZIP	VALDOSTA GA 31605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	107 Pine Isle Drive	
STREET ADDRESS	Sanford FL 32773	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	29201 Greenwater Drive	
STREET ADDRESS	Tehachapi CA 93561	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	107 Pine Isle Drive	
STREET ADDRESS	Sanford FL 32773	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John W Beaumont (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-01**

Date

**407-328-4873**

Daytime Phone #

CR2E034 (10/00)