

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

5/5

05-05-2003 91383 023 ***150.00
05-30-2003 90085 007 *****8.75

DOCUMENT # P98000051760

1. Entity Name
BEECHWOOD DEVELOPMENT CO.



Principal Place of Business
P.O. BOX 527
LOXAHATCHEE FL 33470

Mailing Address
P.O. BOX 527
LOXAHATCHEE FL 33470



2. Principal Place of Business
3446 185 TRAIL

3. Mailing Address
P.O. Box 527

Suite, Apt. #, etc.
LOXAHATCHEE

Suite, Apt. #, etc.
LOXAHATCHEE

City & State
FLA.

City & State
FLA.

4. FEI Number **65-0898072**

Applied For
Not Applicable

Zip
33470

Country
PALESTINE

Zip
33470

Country
PALESTINE

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

MILLER, JAMES I
2910 SW 13TH COURT
FT. LAUDERDALE FL 33312

Name
Miller James I.
Street Address (P.O. Box Number is Not Acceptable)
3446 185 TRAIL
LOXAHATCHEE
City
FL Zip Code
33470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES I. Miller** *James I. Miller* **5/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, JAMES I P.O. BOX 527 LOXAHATCHEE FL 33470	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES I. MILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/03 561-795-4414
Date Daytime Phone #

CR2034 (10/02)