2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076754

1. Entity Name:
BEACON MACHINE & TOOL, INC.

FILED
00 MAY 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:
2065 RANGE RD
CLW FLA 33765

Mailing Address:

2. Principal Physical Address
Suite, Apt. #, etc.
City & State
Zip
County

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE ac 5/24

4. FEI Number
59-3531138

Applied For

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAME

7. Name and Address of New Registered Agent

Name
WILLIAM T HOUBENESTEL
Street Address (P.O. Box Number is not Acceptable)
2065 RANGE RD
CLW FLA 33765
City
FL
Zip Code
33765

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: William T Houbenestel
5-23-00
DATE

9. If the corporation is profit, to satisfy its eligibility for filing requirement and elects to dissolve (See instructions on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Electronic Filing Fee $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

W.T. HOUBENESTEL
2065 RANGE RD
CLW FLA 33765 (PRES)

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

20000326522--2
-05/24/00--01001--017
****158.75 ****158.75

13. I hereby certify that the information indicated on this report or supplemental requirement is true and accurate and that my electronic 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 12 with an address, with all other like empowered.

SIGNATURE: William T Houbenestel 5-23-00 727-445-7537
SIGNATURE AUTHORIZED OFFICER OR DIRECTOR — PRINTED NAME OF SIGNED OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER