FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 17, 2002 8:00 am Secretary of State P98000085559 **DOCUMENT #** 1. Entity Name 04-17-2002 90129 021 \*\*\*150.00 BECK & BECK, INC. Principal Place of Business Mailing Address 3817 TURTLE RUN BLVD 3817 TURTLE RUN BLVD BUUB75302724 2724 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 3. Mailing Address 2. Principal Place of Business 0813 NW 7180 0812 NW 46 DR. DRIVE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0869173 ora! Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required: roward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, W. DAVID Box Number is Not Acceptable) Street Address 3817 TURTLE RUN BLVD 2724 PORAL SPRINGS FL 33067 or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered ago Signature, typed or printed name of registered agent and title if applicable en reinstating) (NOTE: Registered Agent signature required a DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME BECK, W. DAVID NAME 13817 TURTLE RUN BLVD, 2724 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME BECK, TANYA M NAME STREET ADDRESS 3817 TURTLE RUN BLVD, 2724 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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