

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90041 043 \*\*\*150.00

**DOCUMENT # P98000096454**

1. Entity Name  
**OTTO E. BEYER ENTERPRISES, INC.**

Principal Place of Business 260 LAKEVIEW STREET UMATILLA FL 32784	Mailing Address 260 LAKEVIEW STREET UMATILLA FL 32726-5655
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811408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 37731 State Rd 19	3. Mailing Address 37731 State Rd 19
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Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
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City & State Umatilla, FL	City & State Umatilla, FL
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4. FEI Number 59-3543377	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 32784	Country Lake	Zip 32784	Country Lake
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BEYER, OTTO E**  
**260 LAKEVIEW STREET**  
**UMATILLA FL 32784**

7. Name and Address of New Registered Agent  
 Name: **DHO E. Beyer**  
 Street Address (P.O. Box Number is Not Acceptable): **1606 S. Center St**  
 City: **Eustis** FL Zip Code: **32726**

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: DHO E. Beyer President DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEYER, OTTO E</b> <b>260 LAKEVIEW STREET</b> <b>UMATILLA FL 32784</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Beyer, DHO</b> <b>1606 S. Center St</b> <b>Eustis, FL 32726</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE: 2/4/2000 DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)