

DOCUMENT # P990000000046

1. Entity Name
BEACON CONSULTING, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90051 030 ***150.00

Principal Place of Business
1401 14TH TERRACE
PALM BEACH GARDENS FL 33418

Mailing Address
1401 14TH TERRACE
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
22455 ARCADIA COURT
Suite, Apt. #, etc.

3. Mailing Address
22455 Arcadia Court
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33433
Country
USA

City & State
Boca Raton, FL
Zip
33433
Country
USA

4. FEI Number 65-0891816
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLARKE, PAUL
1401 14TH TERRACE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
Name CLARKE, PAUL
Street Address (P.O. Box Number is Not Acceptable)
22455 ARCADIA COURT
City BOCA RATON FL Zip Code 33433

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 *Paul D. Clarke* * address change only 01/08/01
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	
TITLE	<input type="checkbox"/> Delete
NAME	D CLARKE, TAMMY
STREET ADDRESS	1401 14TH TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	D CLARKE, PAUL
STREET ADDRESS	1401 14TH TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	22455 ARCADIA COURT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	22455 ARCADIA COURT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Tammy Clarke* 01/08/01 561 417 3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)