

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002431

1. Entity Name  
BECKER DESIGNS, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90032 034 \*\*\*550.00

Principal Place of Business  
2090 SOUTH NOVA ROAD  
UNIT AA13  
SOUTH DAYTONA FL 32119

Mailing Address  
2090 SOUTH NOVA ROAD  
UNIT AA13  
SOUTH DAYTONA FL 32119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2250 SO NOVARO

3. Mailing Address

2250 SO. NOVARO

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

SO DAYTONA FL

City & State

SOUTH DAYTONA FL

4. FEI Number

39-3551726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE  
SUITE B-1  
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME FRIEBIS, DANIEL S  
STREET ADDRESS 3890 TURTLE CREEK DRIVE #B-1  
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME SUSAN BECKER  
STREET ADDRESS 2250 SO NOVARO SUITE 9  
CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☒ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME ROBERT BECKER  
STREET ADDRESS 2250 SO NOVARO SUITE 9  
CITY-ST-ZIP SO DAYTONA FL 32119 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: SUSAN BECKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 904-760-2280  
Date Daytime Phone #

CR2E034 (5/00)