2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P9900006845

1. Entity Name

BECKEMEIER & SMITH CONSULTING SERVICES, INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90117 032 ***150.00

rincipal Place of Bus 928 GULF VIEW BLVI DUNEDIN FL 34698		Mailing Address PO BOX 835 DUNEDIN FL 34697-0835								
Principal Place of Business		3. Mailing Address					 	[] 	6168) 8 111 (881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	59-3553479			olied For Applicable	
Zip	Zip Country Zip		Country		5. Certificate of Status Desired Fee			B.75 Addi e Required	.75 Additional e Required	
6. N	lame and Address of Current	Registered Agent				ame and Address of New Reg				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Name - Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLE	13.1		City	FL Zip Code						
the obligations of	registered agent.	·		d office or register	. -	ent, or both, in the State of Florid	ta. I am far	miliar with, a	and accept	
FILE N After May Make Check Paya	OW!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of OFFICERS AND	of State	11.			9. Election Campaign Finar Trust Fund Contribution.	- \.	Added	May Be to Fees	
STREET ADDRESS 928	CKEMEIER-SMITH, HEIDI GULF VIEW BLVD NEDIN FL 34698	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP				Change	Addition	00/01/02/
STREET ADDRESS 928	TH, ROBERT B GULF VIEW BLVD NEDIN FL 34698	☐ Delete		1				Change	Addition	2
NAME STREET ADDRESS CITY-ST-ZIP	1 3 25 25 25 25 3	Delete	NAME STREE	ET ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Delete	TITLE NAME STREE	E ET ADDRESS -ST-ZIP				☐ Change	☐ Addition	
12. I hereby certify	that the information supplied w s report or supplemental report on or the receiver or trustee em an attachment with an address	ith this filing does not qualify for t is true and accurate and that powered to execute this report with all other like empowered	or the exer my signat rt as requir d.	mption stated in Stated in State shall have the red by Chapter 60	Section e same 07, Flori	119.07(3)(i), Florida Statutes. I legal effect as if made under or ida Statutes; and that my name	further cert ath; that I ar appears in	ify that the in an officer Block 10 o	nformation or director r Block 11 if	

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR