

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90005 021 ***150.00

DOCUMENT # P990000020136
Entity Name Beckmann's Big Pine Auto Parts Inc

Principal Place of Business 40 Richard K. Beckmann
 30945 Ave A
 Big Pine Key FL 33043
Mailing Address 40 Richard K. Beckmann
 PO Box 431548
 Big Pine Key FL 33043

Principal Place of Business Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number 65-0929733
Applied For ☐ **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Beckmann, Richard K.
 229 Lower Matecumbe Rd
 Key Largo FL 33037

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (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)

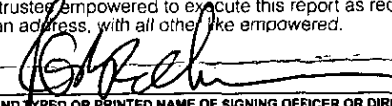
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	<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		
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		
<input 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	
TITLE		
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<input 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		

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:  **4-20-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)