

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025053

1. Entity Name

BEAUMONT TELE-ROBOTICS, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90070 028 \*\*\*150.00

0514894

Principal Place of Business Mailing Address  
37837 MERIDIAN AVENUE, SUITE 314 37837 MERIDIAN AVENUE, SUITE 314  
DADE CITY FL 33525 DADE CITY FL 33525

00044673

2. Principal Place of Business 3. Mailing Address  
12015 Emmaus Cemetery Rd. 12015 Emmaus Cemetery Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State San Antonio, FL City & State San Antonio, FL 4. FEI Number NOT APPLICABLE ☒ Applied For  
Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
33576 USA 33576 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
SCHRADER, JEROME G David A. Beaumont  
37837 MERIDIAN AVENUE, SUITE 314  
DADE CITY FL 33525 12015 Emmaus Cemetery Rd.  
City San Antonio FL Zip Code 33576

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]* 1-30-01  
(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. ☐ FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
(See criteria on back) 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 |                            |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|----------------------------|---------------------------------|---|--|---|
| TITLE                      | D                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BEAUMONT, DAVID A          |                                 | NAME  |  |   |
| STREET ADDRESS             | 12015 EMMAUS CEMETERY ROAD |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | SAN ANTONIO FL 33576       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | D                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLEMING, MARY LYNN         |                                 | NAME  |  |   |
| STREET ADDRESS             | 12015 EMMAUS CEMETERY ROAD |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | SAN ANTONIO FL 33576       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | D                          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, SUE               |                                 | NAME  |  |   |
| STREET ADDRESS             | 12015 EMMAUS CEMETERY ROAD |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | SAN ANTONIO FL 33576       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | 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: *[Signature]* 1-30-01 352-588-4248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)