

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037988

1. Entity Name
BENEFICIAL CONCEPTS, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90925 006 ***150.00

Principal Place of Business

Mailing Address

1202 N.W. 8TH AVE.
OKEECHOBEE FL 34978-2

1202 N.W. 8TH AVE.
OKEECHOBEE FL 34978-2

757976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1202 NW 8th AVE
Suite, Apt. #, etc.

1202 NW 8th AVE
Suite, Apt. #, etc.

City & State
OKEECHOBEE, FL

City & State
OKEECHOBEE, FL

4. FEI Number
65-1092335

Applied For
Not Applicable

Zip
34972

Country
USA

Zip
34972

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, I E
1202 N.W. 8TH AVE.
OKEECHOBEE FL 34978-2

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BYRD, I E
1202 N.W. 8TH AVE.
OKEECHOBEE FL 34973 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

426-2001

Date

863 763 5600

Daytime Phone #

CR2E034 (10/00)