

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046328

1. Entity Name

BEAL & MCGEE CORPORATION

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90139 042 ***150.00

Principal Place of Business

Mailing Address

6640 20TH ST. STE. 28
 VERO BEACH FL 32966

6640 20TH ST. STE. 28
 VERO BEACH FL 32966-7953

2. Principal Place of Business

3. Mailing Address

9340 106th AVE.

9340 106th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VERO BEACH FL.

VERO BEACH FL.

City & State

City & State

Zip
 32967

Country
 U.S.A.

Zip
 32967

Country
 U.S.A.

4. FEI Number

650475413

Applied For

Not Applicable

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

BEAL, RANDY R
 1276 17TH AVE. S.W.
 VERO BEACH FL 32962

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BEAL, RANDY R**
 STREET ADDRESS **1276 17TH AVE. S.W.**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** ☒ Change ☐ Addition
 NAME **RANDY R. BEAL**
 STREET ADDRESS **9340 106th AVE.**
 CITY-ST-ZIP **VERO BEACH FL. 32967**

TITLE **D** ☐ Delete
 NAME **MCGEE, KEN**
 STREET ADDRESS **3802 S.W. KAISIN ST.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE **D** ☒ Change ☐ Addition
 NAME **KEN MCGEE**
 STREET ADDRESS **5907 SW CHEROKEE ST.**
 CITY-ST-ZIP **PLANT CITY FL. 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)