

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046328

1. Entity Name
BEAL & MCGEE CORPORATION

FILED

Apr 30, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
9340 106TH AVE VERO BEACH 32967		9340 106TH AVE VERO BEACH FL 32967	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

DO NOT WRITE IN THIS SPACE

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0475413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			
BEAL RANDY R 1276 17TH AVE. S.W. VERO BEACH 32962			
FL			

7. Name and Address of New Registered Agent			
Name BEAL RANDY R Street Address (P.O. Box Number is Not Acceptable) 9340 106TH AVE.			
City VERO BEACH			
FL		Zip Code 32967	

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.

04/30/2001

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	D MCGEE KEN 5907 SW CHEROKEE STREET PLANT CITY	FL 34990 <input type="checkbox"/> Delete

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAL RANDY R 9340 106TH AVE VERO BEACH	FL 32967 <input type="checkbox"/> Delete
--	---	---

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

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 807, 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: RANDY R. BEAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)