

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054811

1. Entity Name

THE BEEPER COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90421 009 ***150.00

Principal Place of Business

Mailing Address

2573 ROBINSON AVE
 SARASOTA FL 34232

2573 ROBINSON AVE
 SARASOTA FL 34232-3731

2. Principal Place of Business

4440-B 26th ST.W.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

FL

4. FEI Number

65-0928268

Applied For

Not Applicable

Zip

34207

Country

USA

Zip

34

Country

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

KING, CLIFFORD M
 1800 SECOND STREET SUITE 855
 SARASOTA FL 34236

Name

KELLY BUTLER

Street Address (P.O. Box Number is Not Acceptable)

2573 ROBINSON AVE.

City

SARASOTA

FL

Zip Code

34232

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

Kelly Butler Kelly Butler President

4.18.00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 KELLY BUTLER
 2573 ROBINSON AVE.
 SARASOTA FL 34232 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Vice-President
 FREDERICK BUTLER
 2573 ROBINSON AVE.
 SARASOTA FL 34232 ☐ Delete

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

TITLE
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 CITY-ST-ZIP
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☐ 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:

Kelly Butler President

4.18.00

941-984-7243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)