

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP -4 PM 3: 26

192

<b>DOCUMENT #</b> <span style="font-size: 1.2em;">PPA000076184</span> <b>1. Entity Name</b> <span style="font-size: 1.2em;">Beate CO, Inc.</span>				<b>4. FEI Number</b> <span style="font-size: 1.2em;">59-3597202</span>	
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">13707 leslic Dr Hudson Fl 34667</span>		<b>Mailing Address</b> <span style="font-size: 1.2em;">SAME</span>			
<b>2. Principal Place of Business</b> <span style="font-size: 1.2em;">13707 leslic Dr</span>		<b>3. Mailing Address</b> <span style="font-size: 1.2em;">SAME</span>			
<b>City &amp; State</b> <span style="font-size: 1.2em;">Hudson Fl</span>		<b>City &amp; State</b> <span style="font-size: 1.2em;">Hudson Fl</span>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> <span style="font-size: 1.2em;">34667</span> <b>Country</b> <span style="font-size: 1.2em;">USA</span>		<b>Zip</b> <span style="font-size: 1.2em;">34667</span> <b>Country</b> <span style="font-size: 1.2em;">USA</span>		<b>6. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;">Beate K. Williams 13707 leslic Dr Hudson Fl 34667</span>	
<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>City</b> <span style="font-size: 1.2em;">FL</span> <b>Zip Code</b>		<b>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.</b>			
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> <b>DATE</b> _____					
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<span style="font-size: 1.2em;">President Beate K Williams 13707 leslic Dr Hudson Fl 34667</span>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<span style="font-size: 1.2em;">600004583456-5 -03/11/01--01080--012 ****150.00 ****150.00</span>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <span style="font-size: 1.2em;">Beate K Williams</span>			<span style="font-size: 1.2em;">8/28/01 727-992-5508</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

CR2E034-(1/00)

**SP**

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August 9, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Division of Corporations:

We did not receive a Uniform Business Report for the year 2001. Our understanding is that we should have received one earlier in the year for \$150.00. Being that we never received it we are requesting that you please send us one and abate any penalties and accept the \$150.00 filing fee enclosed.

Thank you,

*Beate Williams*

Beate Williams, President  
Beate's Company, Inc.