## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000078918

LEAS, MICHAEL R

**SUITE 2600** 

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

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TITLE NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ONE INDEPENDENT DRIVE

JACKSONVILLE FL 32202

9. This corporation is eligible to satisfy its Intangible

BRAFFORD, JEFFREY D

1650 DOCKSIDE DRIVE

**ORANGE PARK FL 32073** 

ETTINGER, SHANNON D

**ORANGE PARK FL 32073** 

1609 SHELTER COVE DRIVE

Tax filing requirement and elects to do so.

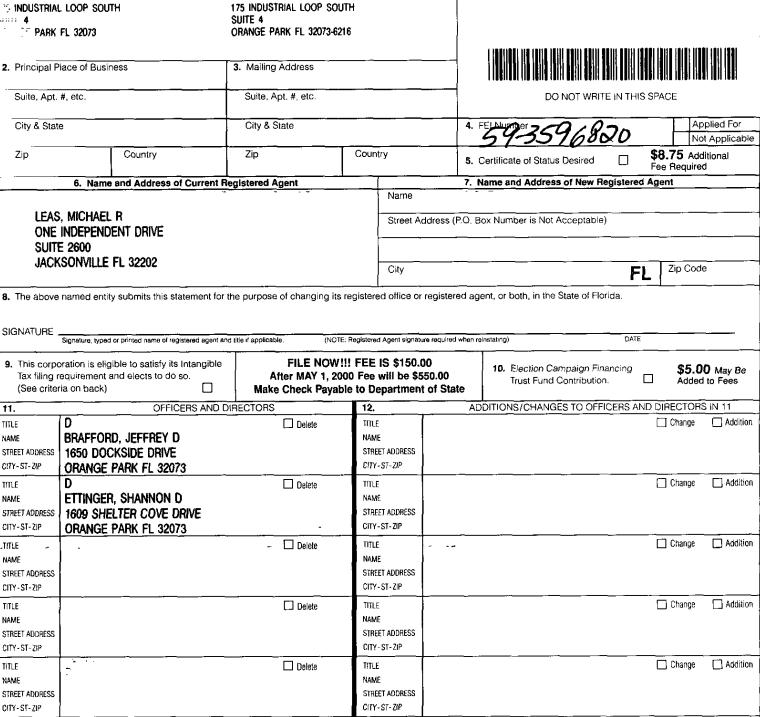
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

1. Entity Name **B & E COMMUNICATIONS, INC.** Mailing Address Principal Place of Business INDUSTRIAL LOOP SOUTH 175 INDUSTRIAL LOOP SOUTH PARK FL 32073 SHITE 4 **ORANGE PARK FL 32073-6216** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

## FILED Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90240 044 \*\*\*150.00



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

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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NAME STREET ADDRESS

SIGNATURE: