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FILED
Sep 19, 2001 8:00 am
Secretary of State

05-12-2001 90042 031 ***150.00
09-19-2001 90161 010 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080828

1. Entity Name
BECTON PALM BEACH, INC.

Principal Place of Business	Mailing Address
291 QUEENS LANE PALM BEACH FL 33480	291 QUEENS LANE PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
270 COLONIAL LN	270 COLONIAL LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH	City & State: PALM BEACH
Zip: 33480 Country: PALM BEACH	Zip: 33480 Country: PALM BEACH

4. FEI Number ~~APPLIED FOR~~ 65-1127603 ☑ 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
BECK PEABODY CR:TOPH 291 QUEENS LANE PALM BEACH FL 33480	Name: BECK PEABODY CRITOPH Street Address (P.O. Box Number is Not Acceptable): 270 COLONIAL LANE City: PALM BEACH FL Zip Code: 33480

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: BECK PEABODY CRITOPH [signature] 4/30/01
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, 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	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CRITOPH, BECK P		NAME		
STREET ADDRESS	291 QUEENS LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: BECK [signature] 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #