

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90012 030 \*\*\*150.00

**DOCUMENT # P99000092375**

1. Entity Name  
**BEE GEE SERVICES, INC.**

Principal Place of Business  
 9779 ARBOR VIEW DR S  
 BOYNTON BEACH FL 33437

Mailing Address  
 9779 ARBOR VIEW DR S  
 BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0961221**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GELLER, BERNARD**  
**9779 ARBOR VIEW DR S**  
**BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GELLER, BERNARD</b> <b>9779 ARBOR VIEW DR S</b> <b>BOYNTON BEACH FL 33437</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bernard Geller* **SIGNATURE REQUIRED** **7/19/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment  
of P9900092375  
DUMH3

BEE GEE SERVICES INC.  
9779 ARBOR VIEW DRIVE SO.  
BOYNTON BEACH, FL 33437  
1(561) 738-9020

JULY 19, 2000

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

DOCUMENT # P9900092375

RE: 2000 UNIFORM BUSINESS REPORT

DEAR SIRs:

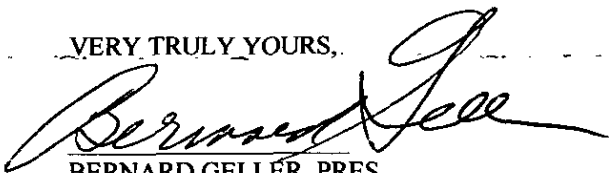
WE HAVE PREVIOUSLY MAILED THE ORIGINAL FORM FILLED OUT TOGETHER WITH CHECK  
NUMBERED # 191 IN THE AMOUNT OF \$150.00 DOLLARS. WE HAVE NOW RECEIVED NOTICE  
THAT THE CORPORATION WILL BE DISSOLVED ON SEPTEMBER 13, 2000. APPARENTLY YOU  
DID NOT RECEIVE THE ORIGINAL DOCUMENT AND CHECK.

ENCLOSED IS THE SECOND FORM WITH ANOTHER CHECK FOR \$150.00 DOLLARS.

WE REQUEST THAT YOU WAIVE THE PENALTIES ASSOCIATED WITH THIS FILING.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,



BERNARD GELLER, PRES.  
ENCL.