

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093402

1. Entity Name

BEACON INFORMATION TECHNOLOGIES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90184 004 ***150.00

Principal Place of Business

Mailing Address

1458 MANZANITA STREET, N.W.
PALM BAY FL 32907

1458 MANZANITA STREET, N.W.
PALM BAY FL 32907-7009

00036337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3648737

Applied For

Not Applicable

Zip

Country

Zip

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

SHORES, DERRICK
1458 MANZANITA STREET, N.W.
PALM BAY FL 32907

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

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 PD
NAME LOZANO, CESAR
STREET ADDRESS 869 FULDA AVENUE, N.W.
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE SD
NAME WATERS, CHARLES
STREET ADDRESS 1458 MANZANITA STREET, N.W.
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS 1498 ALBERNI ST.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME WATERS, DERRICK
STREET ADDRESS 1458 MANZANITA STREET, N.W.
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE
NAME SHORES, DERRICK
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME HESS, JAMES
STREET ADDRESS 429 BLUE JAY LANE
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☐ Delete

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

TITLE D
NAME CORTES, ED
STREET ADDRESS 1550 HEALEY STREET, N.W.
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 or without other like empowered.

SIGNATURE:

DERRICK V. SHORES

4 APRIL 2000 (321) 431-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)