

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90006 002 \*\*\*150.00

**DOCUMENT # V06656**

1. Entity Name

**THE BEAN COUNTERS, INC.**

Principal Place of Business

800 W. PLATT ST.  
 SUITE 4  
 TAMPA FL 33606  
 US

Mailing Address

5519 BAYOU GRANDE BLVD., NE  
 ST. PETERSBURG FL 33703

**732499**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5519 Bayou Grande Blvd  
 NE

Suite, Apt. #, etc.

City & State  
 St. Petersburg, FL

City & State

4. FEI Number **59-3099554**

Applied For  
 Not Applicable

Zip  
 33703

Country  
 USA

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

BIGHAM, JEFFREY D.  
 5519 BAYOU GRANDE BLVD., NE  
 ST. PETERSBURG FL 33703

Name

Jeffrey D. Bigham

Street Address (P.O. Box Number is Not Acceptable)

5519 Bayou Grande Blvd NE

City

St. Petersburg

FL

Zip Code

33703

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.

Jeffrey D. Bigham

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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 **D** ☐ Delete  
 NAME **BIGHAM, JEFFREY D.**  
 STREET ADDRESS **5519 BAYOU GRANDE BLVD.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

Jeffrey D. Bigham

3/19/01

725-525-5367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)