

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07320

1. Entity Name

J. B. BECK ENTERPRISES, INC.

Principal Place of Business

RT 2 BOX 526-B  
GRAND RIDGE FL 32442  
US

Mailing Address

RT 2 BOX 526-B  
GRAND RIDGE FL 32442  
US

2. Principal Place of Business

27082 Eads Road, N.E.

Suite, Apt. #, etc.

3. Mailing Address

27082 Eads Road, N.E.

Suite, Apt. #, etc.

City & State

Grand Ridge

City & State

Grand Ridge

Zip

32442

Country

Calhoun

Zip

32442

Country

Calhoun

4. FEI Number

59-3101469

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECK, LUTHER J  
RT 2 BOX 526B  
GRAND RIDGE FL 32442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
27082 Eads Road, N.E.

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

*Luther J. Beck*

President

January 10, 2001

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, LUTHER J RT 2 BOX 526B GRAND RIDGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECK, SCOTT K RT 2 BOX 526B GRAND RIDGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, JEANETTE B RT 2 BOX 526B GRAND RIDGE FL	<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	P Beck, Luther J. 27082 Eads Road, N.E. Grand Ridge, FL 32442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beck, Scott K. 19406 Beck Lane, N.E. Clarksville, FL 32430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Beck, Jeanette B. 27082 Eads Road, N.E. Grand Ridge, FL 32442	<input checked="" 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.

Luther J. Beck

President

Jan. 10, 2001

SIGNATURE:

*Luther J. Beck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90003 011 \*\*\*150.00

A0006540



DO NOT WRITE IN THIS SPACE

0465228

CR2E034 (10/00)