

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90216 044 ***150.00

0038784

DOCUMENT # V10156

1. Entity Name

BEASTIES, INC.

Principal Place of Business

Mailing Address

7226 CENTRAL AVE
 ST. PETERSBURG FL 33707
 US

~~11805 6TH STREET EAST~~
 TREASURE ISLAND FL 33706

2. Principal Place of Business

3. Mailing Address

7226-Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

4. FEI Number

59-3103294

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

USA

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

KIEFNER, JOHN R., JR.
100 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33715

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST
KIEFNER, B.C.
~~**11805 6TH ST EAST**~~
TREASURE ISLAND FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
227-126th Avenue East
Treasure Island FL 33706

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
KIEFNER, JOHN R.
~~**11805 6TH ST EAST**~~
TREASUR ISLAND FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
227-126th Avenue East
Treasure Island FL 33706

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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 all other like empowered.

SIGNATURE:

BC Kiefner, Pres **4-16-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)