

2/13/

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V27959**

1. Entity Name

THE BEEMER COMPANY OF CENTRAL FLORIDA, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

02-13-2001 90597 023 ***150.00

Principal Place of Business

5100 CRANES POINT COURT
ORLANDO FL 32839

Mailing Address

5100 CRANES POINT COURT
ORLANDO FL 32839

29944

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3119415**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEEMER, JAN
5100 CRANES POINT COURT
ORLANDO FL 32839

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeletePD
BEEMER, JAN C.
STREET ADDRESS
5100 CRANES POINT COURT
CITY-ST-ZIP
ORLANDO FLTITLE NAME ☐ DeleteST
BEEMER, JAN C.
STREET ADDRESS
5100 CRANES POINT COURT
CITY-ST-ZIP
ORLANDO FLTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)