2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

V27959

1. Entity Name

THE BEEMER COMPANY OF CENTRAL FLORIDA, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90170 001 ***150.00

5100 CRA	Place of Business NES POINT COURT) FL 32839	Mailing Address 5100 CRANES POINT COURT ORLANDO FL 32839		<u> </u>		-	·
2. Principa	al Place of Business	3. Mailing Address		·— <u> </u>			
Cultiva					i socii otiată ităti lacia (âlăt ăl	ing thus didin bibli dible	DADAH BABAH BABAH IRI
	pt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	IE MAKING CHAN	050
City & S	State	City & State			4. FEI Number	III MARING CHANG	GES
Zip	Country	7.0					Applied For Not Applicab
		Zip	Country	_	5. Certificate of Status Desired	\$8.75	Additional
	6. Name and Address of Current	Registered Agent	_		7. Name and Address of New Ro	Fee Red	quired
BEEME	D IAN		Nam	e	THE MICHIGAN AND PERSON NEW HO	gistered Agent	
	RANES POINT COURT		Stree	at Address (F	O. Box Number is Not Acceptable)		<u> </u>
	00 FL 32839			777000000000000000000000000000000000000	.o. Box Number is Not Acceptable)		
	50 1 E 32639		}				
 			City			Zip C	
8. The above	ve named entity submits this statement fo ations of registered agent.	r the purpose of changing i	its registered office	Or registere	d agent or both in the	FL Zip C	
				, or registerer	u agent, or both, in the State of Flori	da. I am familiar wi	ith, and accept
SIGNATURE	Signature broad						
<i>→</i>	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registered Agent sig	nature required wi	hen reinstating)	DATE	
Affe	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00						
Make Chec	k Payable to Florida Department of	State			9. Election Campaign Finar Trust Fund Contribution.	- [- 40	.00 May Be
.10.	OFFICERS AND I	ſ			_ [ded to Fees
ŞITLE	PD	Delete	11.	 -	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 11
NAME	BEEMER, JAN C.	L_1 Delete	TITLE NAME			☐ Change	
STREET ADDRESS CITY-ST-ZIP	5100 CRANES POINT COURT		STREET ADDRESS				
TITLE	ORLANDO FL		CITY-ST-ZIP				
NAME	ST IAN O	☐ Delete	TITLE	1			
STREET ADDRESS	BEEMER, JAN C. 5100 CRANES POINT COURT		NAME	1		☐ Change	Addition
CITY-ST-ZIP	ORLANDO FL		STREET ADDRESS				
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TITLE NAME		☐ Delete	TITLE	 -			
STREET ADDRESS			NAME			☐ Change	☐ Addition
CITY-ST-ZIP			STREET ADDRESS				
12. I hereby cer	rtify that the information supplied with this	s filing does not qualify for t	CITY-ST-ZIP				

12. 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 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