

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004234

1. Entity Name

BETH FRANCIS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90115 026 \*\*\*150.00

Principal Place of Business Mailing Address  
2692 ENTERPRISE ROAD, EAST, APT. 1601 2692 ENTERPRISE ROAD, EAST, APT. 1601  
CLEARWATER FL 33759 CLEARWATER FL 33759-1055

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 580 Village DR  
Suite, Apt. #, etc.

City & State City & State  
TARPON SPRINGS

Zip Country Zip Country  
34689 USA

4. FEI Number APPLIED FOR  
59-359 3901

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

## 6. Name and Address of Current Registered Agent

COX, BETH  
2692 ENTERPRISE ROAD, EAST, APT. 1601  
CLEARWATER FL 33759

## 7. Name and Address of New Registered Agent

Name COX Beth  
Street Address (P.O. Box Number is Not Acceptable)  
580 Village DR  
City TARPON SPRINGS FL Zip Code 34689

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, 2000 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 CDPV ☐ Delete  
NAME COX, BETH  
STREET ADDRESS 2692 ENTERPRISE ROAD, EAST, APT. 1601  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ST ☐ Delete  
NAME COX, BETH  
STREET ADDRESS 2692 ENTERPRISE ROAD, EAST, APT. 1601  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 580 Village DR  
STREET ADDRESS TARPON SPRINGS, FL 34689  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 580 Village DR  
STREET ADDRESS TARPON SPRINGS FL 34689  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)