

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90132 018 ***150.00

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DOCUMENT # H34692

1. Entity Name
BEHR & NOLTE, INC.



Principal Place of Business
**2625 HILLINGSWORTH HILL
LAKELAND FL 33803**

Mailing Address
**2625 HILLINGSWORTH HILL
LAKELAND FL 33803**



2. Principal Place of Business

3. Mailing Address

3029 Shoal Creek Village Dr.

3029 Shoal Creek Village Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Lakeland FL

Zip **33803**

Country

Zip **33803**

Country

4. FEI Number **59-2474948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEHR, ROBERT M.
2625 HOLLINGSWORTH HILL
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **Behr, Robert M.**
Street Address (P.O. Box Number is Not Acceptable) **3029 Shoal Creek Village Dr.**
City **Lakeland** FL Zip Code **33803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert M. Behr** (Robert M. Behr) **May 1, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **BEHR, ROBERT M.**
STREET ADDRESS **2625 HOLLINGSWORTH HILL**
CITY-ST-ZIP **LAKELAND FL 33803**

☐ Delete

TITLE **DS**
NAME **BEHR, SARAH B.**
STREET ADDRESS **2625 HOLLINGSWORTH HILL**
CITY-ST-ZIP **LAKELAND FL 33803**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Behr, Robert M.** ☒ Change ☐ Addition
NAME **3029 Shoal Creek Village Dr.**
STREET ADDRESS **Lakeland, FL 33803**
CITY-ST-ZIP

TITLE **Behr, Robert M.** ☒ Change ☐ Addition
NAME **3029 Shoal Creek Village Dr.**
STREET ADDRESS **Lakeland, FL 33803**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert M. Behr** (Robert M. Behr) **May 1, 2003**
Signature and typed or printed name of signing officer or director

Date **May 1, 2003** Dairies Phone **18637682-6989**

CR2E034 (10/02)