2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000007908**

1. Entity Name
BETTENCOURT MANUFACTURING, INC.

Principal Place of Business	Mailing Address
2100 45TH ST SUITE B-14 WEST PALM BEACH FL 33407	2100 45TH ST SUITE B-14 WEST PALM BEACH FL 33407

2. Principal Place of Business	3. Mailing Address
269 S.W.STARFLOWER AVE	269 S.W.STARFLOWER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE FL	City & State: PORT ST LUCIE FL
Zip: 34984 Country:	Zip: 34984 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0932084** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERO MARY JO ESQ.
2100 45TH ST
SUITE B-14
WEST PALM BEACH FL
33407

7. Name and Address of New Registered Agent

Name: BETTENCOURT EON
Street Address (P.O. Box Number is Not Acceptable): 269 S.W.STARFLOWER AVE
City: PORT ST LUCIE FL Zip Code: 34984

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 **EON BETTENCOURT** 01/23/2001
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	MD ☐ Delete	TITLE	MD ☒ Change ☐ Addition
NAME	BETTENCOURT GON	NAME	BETTENCOURT EON M
STREET ADDRESS	2100 45TH ST STE B-14	STREET ADDRESS	269 S.W.STARFLOWER AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Eon Bettencourt MD 01/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #