

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90054 026 ***150.00

DOCUMENT # **F99000004234**

1. Entity Name

BETH FRANCES, INC.

NIC *(A10)* ✓

Principal Place of Business

~~520 VILLAGE DR~~
TARPON SPRINGS FL 34689

Mailing Address

~~580 VILLAGE DR~~
TARPON SPRINGS FL 34689

2. Principal Place of Business

8492 FOXFIRE RD

3. Mailing Address

8492 FOXFIRE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip

34613

Country

FLORIDA

Zip

34613

Country

FLORIDA

4. FEI Number

59-3593901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, BETH

~~580 VILLAGE DR~~
TARPON SPRINGS FL 34689

8492 FOXFIRE RD
BROOKSVILLE
FL 34613

7. Name and Address of New Registered Agent

Name

Beth Cox

Street Address (P.O. Box Number is Not Acceptable)

8492 FOXFIRE RD

City

BROOKSVILLE

FL

Zip Code

34613

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)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/02

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, 2002 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 **580 VILLAGE DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **ST** ☐ Delete
 NAME **COX, BETH**
 STREET ADDRESS **580 VILLAGE DR**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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
 STREET ADDRESS **8492 FOXFIRE RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8492 FOXFIRE RD**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Change ☐ Addition
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 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

Daytime Phone #

CR2E034 (9/01)