

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90048 038 ***150.00

DOCUMENT # G03462

1. Entity Name
RICHARD J. BETAR, INC.

Principal Place of Business **Mailing Address**
~~4060 LIBBY COURT~~ **415 ISLAND OAKS DR.** ~~4060 LIBBY COURT~~ **415 ISLAND OAKS DRIVE**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FL 32953**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2236625		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BETAR, RICHARD J. 4060 LIBBY COURT 415 ISLAND OAKS DRIVE MERRITT ISLAND FL 32953				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. ☐ **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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETAR, RICHARD J.			NAME			
STREET ADDRESS	4060 LIBBY COURT			STREET ADDRESS	415 ISLAND OAKS DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETAR, MARK W.			NAME			
STREET ADDRESS	4060 LIBBY COURT			STREET ADDRESS	415 ISLAND OAKS DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BETAR, GRETA W.			NAME			
STREET ADDRESS	4060 LIBBY COURT			STREET ADDRESS	415 ISLAND OAKS DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *SIG. Richard J. Betar* **3/4/02** **(321) 452-3306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)