## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## G03462 **DOCUMENT #**

1. Entity Name

RICHARD J. BETAR, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90230 047 \*\*\*150.00

| BETAR, MARK W. 415 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 415 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 415 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 415 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 415 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 415 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 416 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 417 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 418 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 419 ISLAND OAKS DR MERRITT ISLAND FL  ITILE BETAR, GRETA W. 416 ISLAND OAKS DR BETAR, MARE BETAR, MARK BETARDORESS CITY-ST-ZIP  ITILE BETAR, GRETA W. 415 ISLAND OAKS DR BETAR, MARK BE   |  |   |
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| THE NOW!! FE IS \$150.00  A. FER Now Page 1 And Address of Current Registered Agent  |  |   |
| Sulla, Apt. #, etc.   CHECK HERE IF MAKING CHANGES   Appl. #, etc.   CHE   | 415 ISLAND DAKS PL.  | 1911 <b>- 1701 - 1</b> 011 <b>- 1101 - 110</b> 1 - <b>110</b> 1 |
| Suite Apt. #. etc.   CHECK HERE IF MAKING CHANGES   Abbit Apt. #. etc.   CHY & State   CHY & State   A. FET Number   Sep 2236625   Abbit Application   Abbit Applicati   | MERRITT ISLAND, PL. 32953  |   |
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| Second   S     | Suite, Apt. #, etc.  | K HERE IF MAKING CHANGES  |
| Second   S     |  |   |
| 32.953 Country 32.953   | E0_0   | 126696  |
| S. Certification of Status Desired   Section of Status Desired Desired   Section of Status Desired   | MERKIT LIMING FEM  | 1 Not Applicable  |
| BETAR, RICHARD J. 4060 LIBBY COURT MERRITTI ISLAND FL 32952  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip   |  |   |
| BETAR, RICHARD J. 4060 LIBBY COURT MERRITT ISLAND FL 32952  City FL Zip Code  8. The above named entity submits this stainment for the purpose of changing its registered office or registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florda. I am    |  | Fee Required  |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridate Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  BETAR, RICHARD J.  Addition  NAME  BETAR, RICHARD J.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC.  WWW.  MERRITT ISLAND AND DIRECTORS IN 11  INC.  WW.  BETAR, MARK W.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC.  WW.  BETAR, RICHARD J.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC.  WW.  BETAR, RICHARD J.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC.  WW.  BETAR, RICHARD J.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC.  WW.  BETAR, RICHARD J.  Addition  NAME  INC.  STREET ADDRESS  STREET A |  | of New Registered Agent   |
| Stroet Address (P.O. Box Number is Not Acceptable)  Stroet Address (P.O. Box Number is Not Acceptable)  City   |  |   |
| MERRITT ISLAND FL 32952  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registering agent.  Better 1. State 1. State 1. State 1. State 1. State 2. State 3.    |  | centable)   |
| City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comment   Comm   | 4060 LIBBY COURT   |   |
| City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comment   Comm   | MERRITT ISLAND FL 32952  |   |
| B. 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.  B. 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.  B. 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.  B. Change   Change   Change   Change   Change   Change   Change   Addition    B. Election Campaign Financing   Trust Fund Contribution.   Addition    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   Change   Addition    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   Change   Addition    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Added to Fees    B. Election Campaign Financing   S5.00 May Be Ad   |  |   |
| B. 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.  B. Change Signature Submits and the submits of 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 registerior of agent.  B. Change Submits State of Florida, I am familiar with, and accept the obligations of registerior of 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 registerior of purpose    | City   | FL Zip Code   |
| the obligations of registered agent.    Charge   Change     | 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the St   |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | the obligations of registered agent.   | ate of Horida, Harritanillar with, and accept   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | <b>.</b>  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | SIGNATURE KICHARD J. BETAR PUSHALA J. BETOL  | 2-17-03   |
| ## After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  ## Addition  ## Addit  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   | DATE  |
| ## After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  ## Addition  ## Addit  | FILE NOW!!! FEE IS \$150.00  |   |
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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: RICHARDITEBETARIFECTOR