

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # H01592

1. Entity Name

BETTIS ASSOCIATES, INC.

FILED

00 JUL -7 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2525 TRUMAN AVENUE
PENSACOLA FL 32505

Mailing Address

2525 TRUMAN AVENUE
PENSACOLA FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2480815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETTIS, CHARLES
2525 TRUMAN AVENUE
PENSACOLA FL 32505

Name

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

City

FL

Zip Code

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.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME BETTIS, CHARLES
STREET ADDRESS 2525 TRUMAN AVENUE
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BETTIS, PEARLIE MAE
STREET ADDRESS 2525 TRUMAN AVENUE
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BETTIS, ANTHONY
STREET ADDRESS 2209 W. JORDAN STREET
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00

Date

850/433-8150

Daytime Phone #

CR2E034 (5/00)

To whom it may concern
 we didn't receive the form
 do to death of our Book Keeper
 we have a new book keeper now
 and we would like the Late Fee
 to be waived

Thank you
 Amy Bibb
 Bibb's Associate
 7-14-00