

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90406 001 ***150.00

DOCUMENT # H68726

1. Entity Name
BETHEA, INC.



Principal Place of Business
**9070 W OZELLO TR.
CRYSTAL RIVER FL 34429
US**

Mailing Address
**2708 BROCK ROAD
PLANT CITY FL 33565
US**



2. Principal Place of Business

2708 Brock Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Plant City, FL

City & State

4. FEI Number **59-2532509**

Applied For
Not Applicable

Zip **33565**

Country **U.S.**

Zip

Country

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

6. Name and Address of Current Registered Agent

**BETHEA, JAMES A.
2181 WATSEEDGE DR.
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name **James A. Bethea III**
Street Address (P.O. Box Number is Not Acceptable)
2708 Brock Road
City **Plant City** FL Zip Code **33565**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BETHEA, JAMES A.	
STREET ADDRESS	2181 WATSEEDGE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BETHEA, JAMES A., III	
STREET ADDRESS	2708 BROCK ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BETHEA, ANN G.	
STREET ADDRESS	2708 BROCK ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BETHEA, MARTHA A.	
STREET ADDRESS	2181 WATSEEDGE DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bethea, James A., III	
STREET ADDRESS	2708 Brock Rd	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Martha A.	
STREET ADDRESS	2181 Watsedge Dr	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03

(813) 752-2032

CR2E034 (10/02)