

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90046 014 \*\*\*150.00

**DOCUMENT # K76465**

1. Entity Name  
**BETHLO PROPERTIES, INC.**

Principal Place of Business

% RITA ORTANO  
 3219 SAN CARLOS  
 TAMPA FL 33629  
 US

Mailing Address

% RITA ORTANO  
 3219 SAN CARLOS  
 TAMPA FL 33629  
 US

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 **59-3010591**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, ORTANO RITA  
 3219 W. SAN CARLOS ST  
 TAMPA FL 33629

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. 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

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, 2002 Fee 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**D**  
**MYERS, ORTANO RITA**  
**3219 W. SAN CARLOS ST**  
**TAMPA FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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:

*Rita Ortano Myers*

8-13-02 813-251-4948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # K 76465-974429

*ERIC L. MYERS*

3219 W. San Carlos St  
Tampa, Florida 33629  
(813)251-4948  
emyers03@tampabay.rr.com

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August 13, 2002

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
Tallahassee, Florida 32314

Re: K76465

*This is to notify you that I never received the 2002 Uniform Business  
Report form.*

*As per your instructions I am sending you today the completed  
replacement form along with my check in the amount of one hundred and  
fifty dollars (\$150.00).*

*Thanking you in advance,*

  
Eric L. Myers