

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90041 032 ***150.00

DOCUMENT # L90182

1. Entity Name

BETH E. ANTRIM, P.A.

Principal Place of Business

2424 MANATEE AVENUE WEST
STE 102
BRADENTON FL 34205
US

Mailing Address

2424 MANATEE AVENUE WEST
STE 102
BRADENTON FL 34205
US

2. Principal Place of Business

6101 North Blue Teal Pt.

3. Mailing Address

6101 North Blue Teal Pt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando FL

City & State

Hernando FL

4. FEI Number **59-3021289**

Applied For

Not Applicable

Zip

Country

34442

US

Zip

Country

34442

US

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

ANTRIM, BETH E
2424 MANATEE AVENUE WEST
STE 102
BRADENTON FL 34205

Name

6101 North Blue Teal Point

City

Hernando

FL

Zip Code

34442

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

4-13-01

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 \$150.00
After MAY 1, 2001 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 **PS** ☐ Delete
NAME **ANTRIM, BETH E**
STREET ADDRESS **2424 MANATEE AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition
NAME **6101 North Blue Teal Pt.**
STREET ADDRESS **Hernando, FL**
CITY-ST-ZIP **34442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth E Antrim, Pres.

Date

4/13/01

Daytime Phone #

352-726-8800

CR2E034 (10/00)