

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90003 006 \*\*\*150.00

**DOCUMENT # M80311**

1. Entity Name  
**BETTY M. WALES ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**CHANGED ADDRESS**  
**18008 S.E. OLD**  
**3400 S. OCEAN BLVD. TRAIL DRIVE EAST**  
**APT. 2D PALM BEACH FL 33480 JUPITER, FL.**  
**33478**

2. Principal Place of Business 3. Mailing Address  
**44 Coconut Row** **18008 S.E. Old Trail**  
**Palm Beach, FL.** **JUPITER, FL.**

Zip Country Zip Country  
**33480 Palm Beach 33478 MARTIN**

6. Name and Address of Current Registered Agent  
**CHAPIN, ROBERT D.**  
**1201 N.E. 8TH ST.**  
**DELRAY BEACH FL 33483**

4. FEI Number **42-2819000** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
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 Betty M. Wales, owner DATE 1/4/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALES, BETTY M.</b> <b>3400 S. OCEAN BLVD.</b> <b>PALM BEACH FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUPITER, FL 33478</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Betty M. Wales DATE 1/4/01 561-743-5746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BETTY M. WALES**

CR2E034 (10/00)