

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.

CHANGED ADDRESSES

Principal Place of Business Mailing Address
MONIQUE MATHESON PROPERTIES **3400 S. OCEAN BLVD.**
44 COCONUT ROAD **APT. 2D** **TRAIL DRIVE EAST**
PALM BEACH FL 33480 **PALM BEACH FL 33480** **JUPITER, FL.**

Monique Matheson Prop. L.C.
 2. Principal Place of Business 3. Mailing Address
44 Coconut Row **18008 S. E. Old Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Palm Beach, FL. **DRIVE E.**

City & State City & State
Suite T11 **JUPITER, FL.**



DO NOT WRITE IN THIS SPACE

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

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

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CHAPIN, ROBERT D.
1201 N.E. 8TH ST.
DELRAY BEACH FL 33483

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* **1/4/01**
 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. **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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALES, BETTY M.	NAME	
STREET ADDRESS	3400 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUPITER, FL.	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Betty M. Wales* **1/4/01** **561-743-5746**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BETTY M. WALES

CR2E034 (10/00)