

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 FEB -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000002454*

1. Entity Name

Bethelonia, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8437 N. Meridian Road

Mailing Address

8028 Yellowmoon DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tall. FL

City & State

Tall. FL

4. FEI Number

Applied For
 Not Applicable

Zip *32312*

Country *USA*

Zip *32312*

Country *USA*

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Klent James

Street Address (P.O. Box Number is Not Acceptable)

8437 North Meridian Road

City

Tallahassee

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *D/P*
NAME
STREET ADDRESS *8028 Yellowmoon DR Tall FL*
CITY-ST-ZIP *Klent James 32312*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004890295--6
-02/07/02--01048--001
******280.00 ****245.00**

TITLE
NAME *D/VP*
STREET ADDRESS *Flouse James*
CITY-ST-ZIP *8028 Yellowmoon DR, Tallahassee FL 32312*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D/S*
NAME
STREET ADDRESS *cher. Marlow*
CITY-ST-ZIP *P.O. Box 868 Sneads FL 32360*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE *DT*
NAME
STREET ADDRESS *ERIC James*
CITY-ST-ZIP *P.O. Box 868 Sneads FL 32360*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DT*
NAME
STREET ADDRESS *TONY Marlow*
CITY-ST-ZIP *P.O. Box 565 Chatt. FL 32324*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Klent James* *Klent James* *2-1-02* *907-2091*

CR2E037B (12/01)

TO: Division of Corporations

From: Bethelonia INC.

To the Division of Corporations Bethelonia, Inc. Did not receive a 1999 notice from you. AS registered agent I would like to reinstate the corporation and ask that all fees be waved.

Thank you!
Klent James