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FILED

May 31, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000017009 Secretary of State PC 59-364936 05-03-2001 91102 020 ***150.00 **BETTY BEACH** BETTY BEACH REALTOR, INC. 971 S TOWN / **FORT MYERS** Principal Place of Business Mailing Address 971 \$ TOWN & RIVER DR 971 S TOWN & RIVER DR FT MYERS FL 33919 FT MYERS FL 33919 Mailing Address 71 5 Towy FRIVER DR Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEACH, BETTY 971 S TOWN & RIVER DR FT MYERS FL 33919 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Arided to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Channe Addition CR2E034 (10/00) TITLE TITLE Betty Beach R. ver DR. VALKE NAME STREET ADDRESS STREET ADDRESS 4. Myers, FC 33919 STY-ST- NP CITY-ST-ZIP ☐ Addition Section-Trasury Dodes Stephen & Danon ATIS TOWN RIVET DR. Change NTLE TITLE MME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete INE DIE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition T TLF TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS C TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME S' REET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME N/MF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CI Y-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 sign sture 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: