2001 UNIFORM BUSINESS-REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # P0000033707** 1. Entity Name BEATTY INSURANCE AGENCY, INC. 04-05-2001 90089 048 ***150.00 Principal Place of Business Mailing Address 118 W. ORANGE STREET 118 W. ORANGE STREET ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 00031453 2. Principal Place of Business 3. Mailing Address West Colonial DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For <u> 4-3628255</u> Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTBERA, P.A. ot Acceptable) 343 ALMERIA AVENUE ወሊ CORAL GABBES FL 33134 Zip Code City ORLANDO 3280 Y 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 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PSTD CR2E034 (10/00) 1344 W. CocowiAL OF Delete TITLE Change ☐ Addition TITLE 118 W. ORANGE STREET ONLINDO, FL 32804 BEATTY, DAN NAME NAME STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.