

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90104 007 ***150.00

DOCUMENT # P00000042542

1. Entity Name

GERT BELTMAN PHYSICAL THERAPY, INC.

Principal Place of Business

Mailing Address

**217 FIRST STREET
 NEPTUNE BEACH FL 32266**

**217 FIRST STREET
 NEPTUNE BEACH FL 32266**

2. Principal Place of Business

3. Mailing Address

1410 N Third Street

1410 N Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach, FL

Jacksonville Beach, FL

Zip

Country

Zip

Country

32250

32250

4. FEI Number

Applied For

59-3649472

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELTMAN, GERRIT J

217 FIRST STREET

NEPTUNE BEACH FL 32266

Name

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

1410 N Third Street

City

Jacksonville Beach

FL

Zip Code

32250

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-01

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	D BELTMAN, GERRIT J 217 FIRST STREET NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1410 N Third Street</i> <i>Jacksonville Beach, FL 32250</i>	<input checked="" 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
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
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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-01

CR2E034 (10/00)