

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90071 023 ***150.00

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042542

1. Entity Name

GERT BELTMAN PHYSICAL THERAPY INC

Principal Place of Business
14241 CRYSTAL COVE DR

Mailing Address
14241 CRYSTAL COVE DR

JACKSONVILLE, FL
32224

JACKSONVILLE, FL
32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3649472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75
Fee Required

Additional

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELTMAN, GERRIT J

1410 N THIRD STREET

JACKSONVILLE BEACH, FL 32250

Name

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

14241 CRYSTAL COVE DR

City

JACKSONVILLE

FL

Zip Code
32224

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

Gerrit J Beltran
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BELTMAN, GERRIT J
CITY - ST - ZIP 1410 N THIRD STREET
JACKSONVILLE BEACH, FL 32250

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14241 CRYSTAL COVE DR
CITY - ST - ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gerrit J Beltran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERRIT J BELTMAN

2/26/2003

Date

904 223 4131

Daytime Phone #

CRE034 (9/99)