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

05-16-2001 90231 028 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047205

1. Entity Name
BETTI, INC.

Principal Place of Business Mailing Address

8468 N. LOCKWOOD RIDGE ROAD, #186 8468 N. LOCKWOOD RIDGE ROAD, #186
SARASOTA FL 34243 SARASOTA FL 34243

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KING, CLIFFORD M
2033 MAIN STREET
SUITE 303
SARASOTA FL 34237

4. FEI Number Applied For / Not Applicable

65-1007058 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: James Keenan DATE: _____

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when releasing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	BETTY KEENAN	TITLE	MANAGER
NAME	Betty Keenan	NAME	James Keenan
STREET ADDRESS	8468 N. Lockwood Ridge Road	STREET ADDRESS	2033 Main Street
CITY-ST-ZIP	SARASOTA FL - 34243	CITY-ST-ZIP	SARASOTA FL - 34237
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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 registered agent 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] DATE: 7/1-3/49-3276

Signature and typed or printed name of signing officer or director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)