

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90032 014 ***150.00

0567046 AT

DOCUMENT # P01000081940

1. Entity Name

BETHEA ENTERPRISES, INC.

Principal Place of Business

**641 DEWEY JOHNSON WAY
GRETN FL 32332**

Mailing Address

**641 DEWEY JOHNSON WAY
GRETN FL 32332**

2. Principal Place of Business

14450 Main Street

3. Mailing Address

P.O. Box 753

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gretna, FL

City & State

Gretna, FL 32332

4. FEI Number

59-3742144

Applied For

Not Applicable

Zip

32332

Country

U.S.A

Zip

32332

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BETHEA, TORRIS
641 DEWEY JOHNSON WAY
GRETN FL 32332**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2002 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

TITLE **D** ☐ Delete
NAME **BETHEA, TORRIS**
STREET ADDRESS **641 DEWEY JOHNSON WAY**
CITY-ST-ZIP **GRETN FL 32332**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Torriss Bethea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

(850) 570-6655

Daytime Phone #

CR2E034 (9/01)