

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90017 013 \*\*\*150.00

00000837



☐ CHECK HERE IF MAKING CHANGES

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # P02000028691</b>  |  |   |   |
| 1. Entity Name<br><b>BETH CALLANS MAINTENANCE CORPORATION</b>   |  |  |   |
| Principal Place of Business<br><b>595 BAY ISLES ROAD<br/>SUITE 201<br/>LONGBOAT KEY FL 34228</b>  |  | Mailing Address<br><b>595 BAY ISLES ROAD<br/>SUITE 201<br/>LONGBOAT KEY FL 34228</b>   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 4. FEI Number<br><b>01-0679899</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CALLANS, BETH<br/>595 BAY ISLES ROAD<br/>SUITE 201<br/>LONGBOAT KEY FL 34228</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. |  |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees               |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>CALLANS, BETH<br/>595 BAY ISLES ROAD #201<br/>LONGBOAT KEY FL 34228</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03

Date

(941)387-3443

Daytime Phone #

CR2E034 (10/02)