

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075756

1. Entity Name  
BETHEL BUILDING SYSTEMS, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90288 005 \*\*\*150.00

0382243 AV

Principal Place of Business  
1495 VILLA JUNO DR. N  
JUNO BEACH FL 33408

Mailing Address  
1495 VILLA JUNO DR. N  
JUNO BEACH FL 33408



2. Principal Place of Business  
15687, 83<sup>RD</sup> WAY N.

3. Mailing Address  
15687, 83<sup>RD</sup> WAY N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
PALM BEACH GARDENS, FL

City & State  
PALM BEACH GARDENS, FL

4. FEI Number  
03-0478758

Applied For  
Not Applicable

Zip  
33410

Country  
U.S.A.

Zip  
33410

Country  
U.S.A.

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

NEWCOMBE, DAVID  
1495 VILLA JUNO DR, N  
JUNO BEACH FL 33408

Name  
NEWCOMBE, DAVID

Street Address (P.O. Box Number is Not Acceptable)  
15687, 83<sup>RD</sup> WAY N.

City PALM BEACH GARDENS FL Zip Code 33410

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWCOMBE, DAVID 1495 VILLA JUNO DR, N JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 15687, 83 <sup>RD</sup> WAY N. PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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 another like empowered.

SIGNATURE: SCOTT M. DEBORD, PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03 (954) 520-0064  
Date Daytime Phone #

CR2E034 (10/02)