## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000077220

**DOCUMENT #** 



**FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90115 034 \*\*\*150.00

RICHARD J. BETTOR REALTY, INC.									
Principal Place of Business 113 N FEDERAL HWY DANIA FL 33004		Mailing Address 113 N FEDERAL HWY DANIA FL 33004			1 (64) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10		1 1 <b>1818 11818</b> 1	1 <b>4</b> 31 <b>913</b> 1 9 <b>13</b> 1	
2. Principal Place of Business		3. Mailing Address						<b>  </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0113439 Applied For Not Applicable				
Zip Country		Zip Count		try	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New R	egistered Ag	ent		┧
ADAMS, GERALD J 113 N FEDERAL HWY DANIA FL 33004				Street Address (	P.O. Box Number is Not Acceptable	)			
5,440,12 00001			City		FL	Zip Cod		ł	
8. The above named entity s	submits this statement for	the purpose of changing its r	eaistere		red agent, or both, in the State of Flo		<u> </u>		1
the obligations of register			-	· ·	•			`	
SIGNATURE Signature, typed or	printed name of registered agent an	d title it applicable. (NOTE:	Registere	d Agent signature required	d when reinstating)	DATE			
1	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State			9. Election Campaign Fin Trust Fund Contribution		\$5.0 Added	<b>0</b> May Be I to Fees	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND E	IRECTOR	3 IN 11	
TITLE PVST NAME BETTOR, RIC STREET ADDRESS 221 SE 4TH CITY-ST-ZIP DANIA FL 33	ST	Delete					☐ Change	Addition	CR2E034 (10/02)
NAME ADAMS, GE STREET ADDRESS CITY-ST-ZIP DANIA BCH	RAL HWY	Delete				[	Change	Addition	CR2
NAME ADAMS, GE STREET ADDRESS 113-N: FED CITY-ST-ZIP DANIA FL 3:	HWY	<b>∑</b> Delete			λ.	[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		ľ		[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	•			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				[	_] Change	Addition	

I hereby certify that the information supplied with this filling 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.