2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083133 **BECHTOLD CORPORATION**

Principal Place of Business

Mailing Address

MAYAIR COURT PARK FL 34201			7420 MAYAIR COURT UNIVERSITY PARK FL 34201			
2. Principal Place	e of Business	3. Mailing Addres	SS .		_	
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			
City & State		City & State		4. [
Zip	Country	Žip	Coun	ntry	5. (
	6. Name and Address of Ci	rrent Registered Agent			7. N	
		يستندخ لا الما		Name		
	R, J. RONALD	* <u>.</u> .		Street Addre	ess (P.O. B	

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90011 005 ***150.00

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DATE

Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65-0701603 Applied FC Not Applie			
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Registered Ag	jent		
SKIPPER, J. RONALD 1515 RINGLING BLVD. SUITE 1000 SARASOTA FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code					
The above nar	ned entity submits this stateme	ent for the purpose of chan	ging its register		egistered agent, or both, in the State of Florida.	240000		

JICHATORE .	Signature, typed or printed name of registered agent and title if applicable.					
Tax filing r	oration is eligible to sat requirement and elects ria on back)		Aft			

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See Criter	na on back)		Make Check Payable	to Department of	State				
11.		OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				3 IN 11
TITLE	D		☐ Delete	TITLE				Change	☐ Addition
NAME	BECHTOLD	, richard a		NAME					
STREET ADDRESS	7420 MAYF			STREET ADDRESS					
CITY-ST-ZIP	UNIVERSITY	PARK FL 34201		CITY-ST-ZIP					
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition
NAME	BECHTOLD	, Margaret a		NAME					
STREET ADDRESS	7420 MAYF	AIR CT.		STREET ADDRESS					
CITY-ST-ZIP	UNIVERSITY	/ PARK FL 34201		CITY-ST-ZIP					
TITLE	[☐ Delete	TITLE				Change	Addition
NAME			- -	NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				, 🔲 Change	☐ Addition
NAME		•		NAME					
STREET ADDRESS	J			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				Change	☐ Addition
NAME				NAME					}
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	ļ			CITY-ST-ZIP					

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.