

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000083133**

1. Entity Name

**BECHTOLD CORPORATION****FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90030 046 \*\*\*150.00

**C0038904**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7420 MAYAIR COURT UNIVERSITY PARK FL 34201</b>	Mailing Address <b>7420 MAYAIR COURT UNIVERSITY PARK FL 34201</b>
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2. Principal Place of Business		3. Mailing Address C/O: <b>FLEET NATIONAL BANK</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2033 MAIN ST. - SUITE 200</b>	
City & State		City & State <b>SARASOTA, FL</b>	
Zip <b>34237</b>	Country	Zip <b>34237</b>	Country

4. FEI Number <b>65-0701603</b>	Applied For <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 <b>SKIPPER, J. RONALD 1515 RINGLING BLVD. SUITE 1000 SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BECHTOLD, RICHARD A</b> <b>7420 MAYFAIR CT.</b> <b>UNIVERSITY PARK FL 34201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BECHTOLD, MARGARET A</b> <b>7420 MAYFAIR CT.</b> <b>UNIVERSITY PARK FL 34201</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)