

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002481

1. Entity Name

WALLY BEGLEY MAINTENANCE, INC.

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90037 019 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8000 S.W. SWEETBAY DRIVE~~  
~~HOBE SOUND FL 33455~~

~~8000 S.W. SWEETBAY DRIVE~~  
~~HOBE SOUND FL 33455~~

336 SW Paor Dr.  
Port St. Lucie, FL 34953

336 SW Paor Dr.  
Port St. Lucie, FL 34953

913982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0732567

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEGLEY, WALLY

Name

~~8000 S.W. SWEETBAY DRIVE~~  
~~HOBE SOUND FL 33455~~

336 SW Paor Dr.  
Port St. Lucie, FL  
34953

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BEGLEY, WALLY  
CITY-ST-ZIP ~~8000 S.W. SWEETBAY DRIVE~~ 336 SW Paor Dr.  
~~HOBE SOUND FL 33455~~ Port St. Lucie, FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BEGLEY, ROSE M  
CITY-ST-ZIP ~~8000 S.W. SWEETBAY DRIVE~~ 336 SW Paor Dr.  
~~HOBE SOUND FL 33455~~ Port St. Lucie, FL 34953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Rose Begley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

561-873-3049

Daytime Phone #

CR2E034 (10/00)