

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000015901**

1. Entity Name

BETA VENTURES, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90112 006 ***150.00

0319974

Principal Place of Business

Mailing Address

**7677 SO MILITARY TRAIL
LAKE WORTH FL 33463****7677 SO MILITARY TRAIL
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****FREEMAN, DONALD J
1400 CETREPARK BLVD. STE 909
WEST PALM BEACH FL**

Name

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, WILLIAM W	NAME	
STREET ADDRESS	7677 SO MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, TRACEY F	NAME	
STREET ADDRESS	7677 SO MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ADAM M	NAME	
STREET ADDRESS	7677 SO MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ERIN M	NAME	
STREET ADDRESS	7677 SO MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:****TRACEY F BOYD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.11.01

Date

561 968 6801

Daytime Phone #

CR2E034 (10/00)