1/23

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800005966  1. Entity Name  BETSY LINDSAY, INC.					Secretary of State 01-23-2001 90030 014 ***150.00				
Principal Place of Business Mailing Address									
15146 95TH AVE. NORTH JUPITER FL 33478		15146 95TH AVE. NORTH JUPITER FL 33478			- 61147				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4	L FEI Number	65-0811412		Applied For Not Applicable	
Zip	Country	Zip	Zip Country		. Certificate of St	atus Desired	\$8.75 / Fee Requ	Additional	1
	6. Name and Address of Current F	legistered Agent	·		. Name and Add	ress of New Registe		1000	1
Name									
LINDSAY, EUZABETH A  -15146 S5TH AVE. NORTH -			Stree	Street Address (P.O. Box Number is Not Acceptable)					
١.	TER PL 33478		20	2 No	th US	Hichwa	246	# 8	7
			City			3	FL 💤	2 6 Q	7
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 yffortige plinted nerrie of registered agent this little it expts[able. (NOTE: Registered Agent signature required when remastring)  OATE									
9. This corporation seligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00									7
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				n Campaign Financing and Contribution.	9 □ \$55 □ Add	i.00 May Be ded to Fees	
11,	OFFICERS AND I		12.		ADDITIONS/CHA	NGES TO OFFICERS			]_
NAME STREET ADDRESS CITY-ST-ZIP	UNDSAY, ELIZABETH A  15146 95TH AVE. NORTH  JUPITER FL 33478			208 North us Highway One #8 Tequesta, Fi 33769					= 1 CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	as			Chang	ge 🗌 Addition	, B.
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADORES	rs.		- ~-	☐ Chang	e Addition	-    
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	is (			Chang	e Addition	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			☐ Chang	ge 🔲 Addition	- - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	rens (1)	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			Chang	e Addition	1
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:									