

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90316 032 ***158.75

CR2E034 (9/01)

DOCUMENT # P98000005966

1. Entity Name
BETSY LINDSAY, INC.

Principal Place of Business
~~15146 95TH AVE. NORTH~~
~~JUPITER FL 33478~~

Mailing Address
~~15146 95TH AVE. NORTH~~
~~JUPITER FL 33478~~

2. Principal Place of Business
 208 N US Hwy/ 4078

3. Mailing Address
 Suite, Apt. #, etc. *Same*

City & State
 Tequesta, FL

City & State

Zip 33469 **Country** USA

Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811412 **Applied For**
☒ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LINDSAY, ELIZABETH A
 208 N US HWY ONE
 #8
 TEQUESTA FL 33469

7. Name and Address of New Registered Agent
 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]* **DATE** 4/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSAY, ELIZABETH A 208 N US HWY ONE #8 TEQUESTA FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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]* **DATE** 4/29/02 **Daytime Phone #** 561-575-5275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR