

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91166 038 ***150.00

DOCUMENT # **P98000039435**

1. Entity Name

Beltz Construction, Inc.

Principal Place of Business

Mailing Address

**14103 W. Newberry Road
 Newberry, FL 32669**

Same

2. Principal Place of Business

3. Mailing Address

14103 W. Newberry Rd.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

City & State

Newberry, FL

Zip **32669**

Country **US**

Zip

Country

4. FEI Number

59-3509984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

771144

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Beltz, Billy M. Jr.
 13516 SW 4TH Lane
 Newberry, FL 32669**

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)

4/27/01
 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 **P** ☐ Delete
 NAME **Billy M. Beltz, Jr.**
 STREET ADDRESS **14103 W. Newberry Rd**
 CITY-ST-ZIP **Newberry, FL 32669**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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)(f), 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

4/27/01
 Date

352-335-5424
 Daytime Phone #

CR2E034 (11/00)