2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105661

Entity Name

BEGLEY'S MANATEE SERVICES, INC.

Principal Place of Business

Mailing Address

3401 MANATEE AVENUE WEST BRADENTON FL 34205 3401 MANATEE AVENUE WEST BRADENTON FL 34205-2552

3. Mailing Address 2. Principal Place of Business 5303 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0882936 BRADENTON Not Applicable Country \$8.75 Additional Zip Country Zíp 5. Certificate of Status Desired Fee Required Mろくろつつ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERRON, ANDRE R ESQ. Street Address (P.O. Box Number is Not Acceptable) OZARK & PERRON, P.A. 2808 MANATEE AVENUE WEST **BRADENTON FL 34205** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BEGLEY, ANTHONY J SR NAME NAME STREET ADDRESS STREET ADDRESS 6415 FORRESTER DR CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34202 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BEGLEY, FRED P NAME NAME STREET ADDRESS STREET ADDRESS 1811 78TH ST W CITY-ST-ZIP CITY-ST-7IP BRADENTON FL 34209 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition De ete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

AND RED LEY S
SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7-19-40

941-758-4772

☐ Change

Addition

Daytime Phone

FILED

Secretary of State

03-07-2000 90113 001 *1.350.00

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Mar 07, 2000 8:00 am