

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90093 048 ***150.00

DOCUMENT # P99000068980

1. Entity Name

BETH A. HARVEY, INC.



Principal Place of Business

2797 N.E. 13TH AVENUE

POMPANO BEACH FL 33064

Mailing Address

2797 N.E. 13TH AVENUE

POMPANO BEACH FL 33064

2. Principal Place of Business

483 S.W. Lightwood Place

3. Mailing Address

P.O. Box 790

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort White, FL 32038

Zip

32038

Country

City & State

High Springs, FL

Zip

32655

Country

4. FEI Number

65-0939053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HARVEY, LARRY L

2797 N.E. 13TH AVENUE

POMPANO BEACH FL 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P HARVEY, BETH A.**
STREET ADDRESS **2797 N.E. 13TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☒ Change ☐ Addition
NAME **Beth A. Harvey**
STREET ADDRESS **483 S.W. Lightwood Place**
CITY-ST-ZIP **Ft. White, FL 32038**

TITLE ☐ Delete
NAME **T. WHISENHUNT, CHRISTOPHER L**
STREET ADDRESS **2797 N.E. 13TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☒ Change ☐ Addition
NAME **Christopher L. Whisenhunt**
STREET ADDRESS **483 S.W. Lightwood Place**
CITY-ST-ZIP **Ft. White, FL 32038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

3/16/03 **(386) 454-5785**

CR2E034 (10/02)