

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90003 039 \*\*\*558.75

A0072692



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000078039

1. Entity Name  
**BEATTY'S ART & FRAME, INC.**

Principal Place of Business 502 N. RIVER OAKS DRIVE INDIALANTIC FL 32903	Mailing Address 502 N. RIVER OAKS DRIVE INDIALANTIC FL 32903-4644
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2. Principal Place of Business <i>1535 W. New Haven Ave Melbourne FL</i>	3. Mailing Address
Suite, Apt. #, etc. <i>32904</i>	Suite, Apt. #, etc.
City & State	City & State
Zip <i>32904</i>	Country <i>USA</i>

4. FEI Number <i>59-3604678</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DIXON, SCOTT C**  
**550 E. STRAWBRIDGE AVENUE**  
**MELBOURNE FL 32901**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President ROBERT J BEATTY 1535 W. New Haven Ave Melbourne, FL 32904</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert J Beatty* **Robert J BEATTY** President *8/7/00* *321-724-0799*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

\$400.00 Late  
Fee is a bit  
harsh for mis-  
placing some  
paperwork ! ?  
" "