

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90057 046 ***150.00

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DOCUMENT # P99000078039

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

Principal Place of Business Mailing Address
1535 W. NEW HAVEN AVE 1535 W. NEW HAVEN AVE
MELBOURNE FL 32904 MELBOURNE FL 32904

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3604678** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 **MR. Robert Beatty**
 Street Address (P.O. Box Number is Not Acceptable)
1535 W. NEW HAVEN AVE.
 City **Melbourne** FL Zip Code **32904**

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 **Robert J Beatty** **1-5-01**
Signature, typed or printed name of registered agent and title if applicable. (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, 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

TITLE NAME	P BEATLY, ROBERT J <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1535 W. NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE FL 32904
TITLE NAME	BEATTY, ROBERT J <input type="checkbox"/> Delete
STREET ADDRESS	1535 W. NEW HAVEN AVE
CITY-ST-ZIP	Melbourne, FL 32904
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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)(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: **4/7/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)