

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104078

1. Entity Name

BECHTOL DOWNS INSURANCE SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90101 035 ***158.75

Principal Place of Business

Mailing Address

BOX 9605
FL 34101

P.O. BOX 9605
NAPLES FL 34101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7138 Mill Run Circle

NAPLES, FLORIDA

Zip
34109

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3609586

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

7. Name and Address of New Registered Agent

DOWNS, BARBARA
7138 MILL RUN CIR.
NAPLES FL 34109

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara A. Downs

Date

4/26/2000

Daytime Phone #

941-597-6125

CR2E034 (9/99)