

2000 OWN OR PARTIAL BUSINESS REPORT (SBR)

DOCUMENT # S74642

1. Entity Name
DAVID BEATTY, INC.

FILED
00 FEB 25 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

O BOX 116 P O BOX 116
FL 32091 STARKE FL 32091-0116

701746



2. Principal Place of Business 3. Mailing Address

P.O. Box 508 P.O. Box 508

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lake Butler, FL Lake Butler, FL

Zip Country Zip Country

32054 Union 32054 Union

1/18/00 90157-005 \$150.00

4. FEI Number 59-3080042 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BEATTY, DAVID
P O BOX 116
STARKE FL 32054

7. Name and Address of New Registered Agent

Name David O BEATTY

Street Address (P.O. Box Number is not acceptable) 430 SW 4TH AVE

City Lake Butler FL Zip Code 32054

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. ☐ 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, DAVID O		NAME		
STREET ADDRESS	430 SW 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, BRENDA		NAME		
STREET ADDRESS	430 SW 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: *David Beatty* David BEATTY 1-10-00 904-496-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE