

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90086 031 \*\*\*150.00

**DOCUMENT # S74642**

1. Entity Name

**DAVID BEATTY, INC.**

Principal Place of Business

P.O. BOX 508  
 LAKE BUTLER FL 32054

Mailing Address

P.O. BOX 508  
 LAKE BUTLER FL 32054

00005520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**RR# 10 Box 918**  
 Suite, Apt. #, etc.

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 Suite, Apt. #, etc.

City & State  
**LAKE CITY, FL**

City & State  
**LAKE CITY, FL**

4. FEI Number **59-3080042**

Applied For  
 Not Applicable

Zip Country  
**32025 Columbia**

Zip Country  
**32025 Columbia**

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

**BEATTY, DAVID O**  
**430 SW 4TH AVE**  
**LAKE BUTLER FL 32054**

Name **BEATTY, David O.**

Street Address (P.O. Box Number is not Acceptable)  
**RR # 4 Box 2119**

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 **David O. BEATTY**  
 Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
 (NOTE: Registered Agent signature required when reinstating)

**1-9-2001**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BEATTY, DAVID O</b> <b>430 SW 4TH AVE</b> <b>LAKE BUTLER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BEATTY, BRENDA</b> <b>430 SW 4TH AVE</b> <b>LAKE BUTLER FL</b>	<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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-2001** **904-752-4003**  
 Date Daytime Phone #

CR2E034 (10/00)