## ... ĴRM BUSINESS REPORT (UBR)

Mailing Address

## NT # S79109

## BEITIS CAR CENTER, INC.

Principal Place of Business

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90097 023 \*\*\*150.00

DR. 2773	PHIL BETTIS 2710 ORLANDO DR. SANFORD FL 32773-5312				80009878						
ace of Busine	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO	NOT WRIT	TE IN THIS	SPACE	
<del></del>	City & State			4.	FE! N	umber <b>59</b> -	308339	7	1 +	plied For t Applicable	
	Country	Zip	try	5.	5. Certificate of Status Desired   \$8.75 Additional Fee Required					itional	
6. Name	and Address of Current Re	gistered Agent - 😽 🗝			7.	Name	and Address	of New R	egistered	Agent	
BETTIS, PHIL 2710 ORLANDO DR. SANFORD FL 32773				Name  Street Address (P.O. Box Number is Not Acceptable)							
				City					FL	Zip Code	)
named entity	submits this statement for the	ne purpose of changing its	registere	ed office or re	gistered a	gent, d	or both, in the	State of Flo	orida.		
Signature, typed o	or printed name of registered agent and	title if applicable. (NOTE	Registere	d Agent signature	required when	reinstatir	og)		DATE		
		After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Star			10		, -		\$5.0 Added	May Be to Fees
11. OFFICERS AND DIRECTORS					Al	DDITIO	ONS/CHANGE	S TO OFF	ICERS ANI	DIRECTORS	3 IN 11
D Bettis, P	HIL	☐ Delete		1						☐ Change	☐ Addition
STREET ADDRESS 2710 ORLANDO DR. CITY-ST-ZIP SANFORD FL											
i		☐ Delete	NAM STRE	ET ADDRESS						☐ Change	Addition
_ =		☐ Delete	NAM STRE	E ET ADORESS		·. e		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	· week the	☐ Change	Addition :
		☐ Delete	NAM STRE	ET ADDRESS						Change	☐ Addition
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portify that the	information sumplied with the	Delete	NAM STRE CITY	ET ADDRESS -ST-ZIP	in Section	1197	17(3)(i) Florida	Statutos	I further ce	☐ Change	Addition
	ace of Busine #, etc.  6. Name  FIS, PHIL ORLANDO FORD FL 32  named entity  signature, typed oration is eligilicacuirement aria on back)  D BETTIS, P 2710 ORL SANFORD	ace of Business  #, etc.  Country  6: Name and Address of Current Re  IS, PHIL  ORLANDO DR. FORD FL 32773  named entity submits this statement for the Signature, typed or printed name of registered agent and arration is eligible to satisfy its Intangible acquirement and elects to do so, ia on back)  OFFICERS AND DI:  D  BETTIS, PHIL  2710 ORLANDO DR.  SANFORD FL	ace of Business  ace of	ace of Business  ace of Business  3. Mailing Address #, etc.  City & State  Country  Zip  Country  Zip  Country  Signature, typed or printed name of registered agent and site of applicative.  (NOTE: Registered Agent	2710 ORLANDO DR. 27173 SANFORD FL 32773-S312  ace of Business  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  City & State  Country  City  6. Name and Address of Current Registered Agent  Name  Name  Street Add  City  City  Registered office or record of changing its registered of changing its re	2710 GRIANDO DR. 27173 SANFORD FL 32773-5312  ace of Business  3. Mailing Address #, etc.  Country  Zip  Country  Zip  Country  5. 6. Name and Address of Current Registered Agent  Name  Street Address (P.O.  City  Registered Agent and the purpose of changing its registered office or registered agent and title if applicative. (NOTE: Registered Agent sequilibrium and elects to do so. In on back)  OFFICERS AND DIRECTORS  D  BETTIS, PHIL  OFFICERS AND DIRECTORS  D  BETTIS, PHIL  OFFICERS AND DIRECTORS  D  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete	2710 GRIANDO DR. 2710 SANFORD FL 32773-5312  ace of Business  3. Mailing Address  #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certif. 6. Name and Address of Current Registered Agent 7. Name Name  Name  Name  Name  Name  Street Address (P.O. Box N. P.O. Box N. P	A SANFORD FL 32773-5312  2710 GRANDO DR. SANFORD FL 32773-5312  2010 GRANDO DR. Suite, Aprt. #f. etc. DO  Country 21p Country 5. Certificate of Status  6. Name and Address of Current Registered Agent Name  IS, PHIL  ORLANDO DR. Street Address (P.O. Box Number is Not Agents)  City  named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Street Address (P.O. Box Number is Not Agents)  Giphalux, spend or privated rame of registered agent and time if applicable. (Not Te. Registered office or registered agent, or both), in the Street Address (P.O. Box Number is Not Agents)  Giphalux, spend or privated rame of registered agent and time if applicable. (Not Te. Registered Agent in agenture respired when reneating)  Tatton is elligible to satisfy its Intangible aguirement and elects to do so. (Not Te. Registered Agent in agenture respired when reneating)  After MAY 1, 2000 Fee will be \$550.00 (Make Check Payable to Department of State)  Defends ITTLE  Defends ITTLE  NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  Defends ITTLE NAME STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P	ace of Business  3. Mailing Address  4. FEI Number 59-308338  6. etc. Suite, Apr. #, etc. DO NOT WRIT  Country Zip Country 5, Certificate of Status Desired  6. Name and Address of Current Registered Agent 7, Name and Address of New R  Name  Name  Name  ORLANDO DR.  FORD FL 32773  City  City  Remarked entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fic  Signature, typed or privace raise of registered title if application. PROPER IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  Delete TILE  NAME SIFER ADDRESS CITY 51-2P  DELETE TIL	## 2710 ORLANDO OR SANFORD FL 32773-5312  ## ctc	DR. 2710 GRANDO DR. Country   Zip   Country   S. Certificate of Status Dealer   S8.75 And CRU DR 1.2773   S. Certificate of Status Dealer   S8.75 And CRU DR 1.2773   S. Certificate of Status Dealer   S8.75 And CRU DR 1.2773   Street Address (P.O. Box Number is Not Acceptable)   S. Certificate of Status Dealer   S8.75 And CRU DR 1.2773   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   S. Certificate of Status Dealer   S8.75 And CRU DR 1.2773   City   FL   Zip Code   Street Address (P.O. Box Number is Not Acceptable)   T. Name and Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   T. Name and Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   T. Name and and street and selects to do so. O. After MAY 1, 2000 Fee will be \$550.00   After MAY 1, 2000 Fee will be \$550.00   Address (P.O. Box Number is Not Acceptable)   S. S. D. Address (P.O. Box Number is Not Acceptable)   S. S. D. Address (P.O. Box Number is Not Acceptable)   D. Address (P.O. Box Number is Not Acc

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 reserver 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. of the corporation or the resc changed, or on an attachmen

**SIGNATURE:**