2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90003 048 ****61.25

DOCUMENT # 714544

1. Entity Name

PORT BELLEAIR NO. 1, INC.

Principal Place of Business	Mailing Address
2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 34621 US	2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2430 Estancia BLvd	2430 Estancia Blvd
Suite, Apt. #, etc.: Suite 114	Suite, Apt. #, etc.: Suite 114
City & State: Clearwater, Florida	City & State: Clearwater, FLorida
Zip: 33761 Country: U S A	Zip: 33761 Country: U S A

4. FEI Number: 59-2418331 ☐ Applied For ☐ Not Applicable

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
FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD. SUITE #114 CLEARWATER FL 33761	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.
Robert M. Norek- Senior Vice President

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDSON, DALE 155 BLUFFVIEW DR BELLEAIR BLUFFS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, RANI 155 BLUFFVIEW DR #208 BELLEAIR BLUFFS FL-33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEDORSYN, RUTH 155 BLUFFVIEW DR #209 BELLEAIR BLUFFS FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REYNOLDS, FRED 155 BLUFFVIEW DR 205 BELLEAIR BLUFFS FL 33770	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Doreen Halliwell 155 Bluffview Dr #102 Belleair Bluffs, FC 33770	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Vice President~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Nancy Mangano 155 Bluffview Dr. #302 Belleair Bluffs, FC 33770	☐ Change ☑ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Mar. 6, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #