

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30774

1. Entity Name

BELLAMY'S ELECTRIC, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90021 017 ***150.00

Principal Place of Business

Mailing Address

% LAYON F. ROBINSON, II
442 OLD MAIN ST
BRADENTON FL 34205

% LAYON F. ROBINSON, II
442 OLD MAIN ST
BRADENTON FL 34205-7821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0397520

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

LEROY BELLAMY
603 30TH STREET EAST
PALMETTO FL 34221

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	D	☐ Delete
NAME	BELLAMY, LEROY	
STREET ADDRESS	603 30TH ST. E.	
CITY-ST-ZIP	PALMETTO FL 34220	
TITLE	DS	☐ Delete
NAME	JENKINS, MARY	
STREET ADDRESS	2906 N OSPREY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	BELLAMY, MARY LOIS	
STREET ADDRESS	603-30TH ST, E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	☐ Delete
NAME	BELLAMY, LEROY, JR.	
STREET ADDRESS	319-22ND ST, W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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

Date

Daytime Phone #

CR2E034 (9/99)

946-729 2341