## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400005352 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name FREDERICK J. BELES, P.A. 04-13-2000 90107 017 \*\*\*150.00 Mailing Address Principal Place of Business 3852 PRAIRIE DUNES DRIVE 3852 PRAIRIE DUNES DRIVE SARASOTA FL 34238 SARASOTA FL 34238-2816 HS 2. Principal Place of Susiness 3. Mailing Address 6360 Jo Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For **City & State** Çity & State 4. FEI Number 65-0457201 Not Applicable ARASOTA SAK AS OVA Zip Opuntry \$8.75 Additional 5. Certificate of Status Desired AKASSTA Fee Required 3 Y AT AS OTA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELES. FREDERICK Street Address (P.O. Box Number is Not Acceptable) 6360 SOUTH TAMIAMI TRAIL SARASOTA FL 34231 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE **BELES, FRED** NAME 8588 POTTER PARK DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/10/00 94/-921-100

☐ Change

Addition

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