02-23-2000 90008 046 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

BELLAVIA BUSINESS SYSTEMS INC

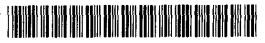
905	w	RICH	AVE	
300	***	mon	AVE.	

Principal Place of Business

Mailing Address

905 W. RICH AVE. DELAND FL 32720 **DELAND FL 32720-4039**

2178 Banana St	2178 Banana St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State :De.l.and	F 1	City & State Deland F	L		4. FEI Number 59 - 3561471		Applied For Not Applicabl
Zip 32720	Country Vol	Zip 32720	Cour V o 1	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Na	me and Address of Cur	rent Registered Agent			7. Name and Address of New Ro	egistered	Agent
BELLAVIA, MARCIA D 905 W. RICH AVE. DELAND FL 32720				Street Address (P.O. Box Number is Not Acceptable) 2178 Banana St			
				City Dela	nd	FL	Zip Code 32720

DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. P.V.S.T. Change **★** Addition ☐ Delete TITLE TITLE NAME Bellavia, Keith NAME STREET ADDRESS STREET ADDRESS 2178 Banana ST CITY-ST-ZIP CITY-ST-ZIP Deland F1 32720 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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,

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS