


**2005 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 022 ***150.00

DOCUMENT # 329625	
1. Entity Name BELMONT HOMES, INC.	

DO NOT WRITE IN THIS SPACE

50039696

2. Principal Place of Business 2321 S. Ridgewood Ave. Suite, Apt. #, etc.		3. Mailing Address 2321 S. Ridgewood Ave. Suite, Apt. #, etc.	
City & State Edgewater, FL 32141		City & State Edgewater, FL 32141	
Zip	Country Volusia	Zip	Country Volusia

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-1212427		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Carder, James C. Sr.		
Street Address (P.O. Box Number is Not Acceptable) 2117 S. Riverside Dr.			
City Edgewater			Zip Code FL 32141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carder, James C. Sr. 2117 S. Riverside Dr. Edgewater, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rosemary Carder 2117 S. Riverside Dr. Edgewater, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carder, Dale B. 2117 S. Riverside Dr. Edgewater, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carder, Carl, Jr. 2122 Willow Oak DR. Edgewater, FL 32141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

James C. Carder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 386-427-9556
Date Daytime Phone

CR2E034B (12/02)