2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 465975 May 15, 2000 8:00 am 1. Entity Name BELLAIRE CONSTRUCTION, INC. Secretary of State 05-15-2000 90231 029 ***150.00 Principal Place of Business Mailing Address 4804 26TH AVENUE WEST 4804 26TH AVENUE WEST **BRADENTON FL 34209-6104 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1563068 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALPHENAAR, FRED J. Street Address (P.O. Box Number is Not Acceptable) 4804 26TH AVENUE WEST **BRADENTON FL 34209** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change Addition CR2E0(14 (1)(11) TITLE ☐ Delete TITLE ALPHENAAR, FRED J. NAME NAME STREET ADDRESS 4804 26TH AVE. W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7IP Addition Change ☐ Delete TITLE ALPHENAAR, ELNORA M. NAME 4804 26TH AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **BRADENTON FL** CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 TYPETION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date