FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am **Secretary of State** DOCUMENT # 465975 1. Entity Name 02-14-2002 90052 004 ***150.00 BELLAIRE CONSTRUCTION, INC. Principal Place of Business Mailing Address 4804 26TH AVENUE WEST 4804 26TH AVENUE WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1563068 Not Applicable Zip Country Zip 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 City 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition ALPHENAAR, FRED J. NAME NAME 4804 26TH AVE. W. STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition ALPHENAAR, ELNORA M. MAME NAME STREET ADDRESS 4804 26TH AVE. W. STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST-ZIP GITY_ST-ZIP-TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7LE 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

phenoar 1-24-02 941-792-1730

Date Dayline Phone #