


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90028 005 \*\*\*150.00

<b>DOCUMENT # 497012</b>	
1. Entity Name <b>BELLE LEA ACRES, INC.</b>	

Principal Place of Business <b>13497 S.E. HWY. 301 SUMMERFIELD FL 32691</b>	Mailing Address <b>12801 NE 139TH PL. FT. MC COY FL 32134</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-1897271</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CONIGLIO, C. JOHN RT. 1, BOX 825 SUMMERFIELD FL 32691</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>PLOCHARCZYK, C.S.</b>
STREET ADDRESS	<b>13497 S.E. HWY. 301</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	VD <input type="checkbox"/> Delete
NAME	<b>PLOCHARCZYK, JR. C</b>
STREET ADDRESS	<b>4940 HAYNES AVE</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>
TITLE	DS <input type="checkbox"/> Delete
NAME	<b>GAY, SUZANNE</b>
STREET ADDRESS	<b>2039 N.W 102 TERRACE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>GAY, PHILLIPS G., III</b>
STREET ADDRESS	<b>P.O. BOX 3992</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>SIGNATURE REQUIRED</b>	Date <b>1-6-03</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)