2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 620290

Entity Name: LA BELLE DEVELOPMENT CO., INC.

ENGLE, JERRI S

1805 FT DENAUD RD

LABELLE, FL 33935

Name: Address:

City-St-Zip:

FILED Feb 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 2165 P.O. BOX 2165 LABELLE, FL 33935 **New Mailing Address: Current Mailing Address:** P. O. BOX 2165 P.O. BOX 2165 LABELLE, FL 33935 FEI Number: 59-1997209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURRAH G DAVID FORT THOMPSON AVE. LABELLE, FL 33935 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NOBLES, LEWIS J., II, I Name: Name: FT. THOMPSON AVENUE Address: Address: City-St-Zip: LA BELLE, FL 00000 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: MURRAH, G. DAVID, Name: FT. THOMPSON AVE. Address: Address: LABELLE, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition NOBLES, JR., LEWIS J, Name: Name: 620 FT. THOMPSON AVENUE Address: Address: City-St-Zip: LABELLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEWIS J. NOBLES, JR. ST 02/26/2002