

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90331 004 ***150.00

DOCUMENT # F00000002235



1. Entity Name
BELLE-DIP ENTERPRISES, INC.

Principal Place of Business
1115 VIDINA PLACE
101
OVIEDO FL 32765
US

Mailing Address
1115 VIDINA PLACE
101
OVIEDO FL 32765
US



2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

4. FEI Number 31-1647904
Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOZSOKI, JEFFREY J
~~1025 GWYN CIRCLE~~ *4936 Northern Dancer way*
OVIEDO FL 32765 *Orlando, FL 32826*

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 *[Signature]* *Jeff Bozoki* *4/24/03*
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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	HUDDLESTON, JAMES E	
STREET ADDRESS	1237 HOLLYRIDGE TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUDDLESTON, MELISSA B	
STREET ADDRESS	1237 HOLLYRIDGE TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Bozoki	
STREET ADDRESS	4936 Northern Dancer way	
CITY-ST-ZIP	Orlando, FL 32826	
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: *[Signature]* *Jeff Bozoki* *4/24/03* *407-977-2100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)