FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # F08239** 1. Entity Name BELLA BUILDERS, INC. 04-17-2001 90054 010 ***150.00 Principal Place of Business Mailing Address 4636B SE 9TH PL 4636 B S.E. 9TH PLACE! CAPE CORAL FL 33904 CAPE CORAL FL 33904 US US 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 59-2048549 Applied For 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. BELLA, PAUL M Street Address (P.O. Box Number is Not Acceptable) 4636B SE 9TH PLACE CAPE CORAL FL 33904 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Change ☐ Addition BELLA, PAUL M NAME NAME 4636B SE 9TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP + TITLE X Delete TITLE ☐ Change ☐ Addition BELLA, KAREN I. NAME NAME 4585 TRAWLER CT. #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 SVD Change TITLE TITLE ☐ Delete ☐ Addition SVD BELLA, GREGORY P. NAME NAME BELLA, GREGORY P. STREET ADDRESS 4112 S.W. 23RD AVE STREET ADDRESS 4637 S.E. 1ST AVE. CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 GREGORY P. BELLA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4-2-01

941-549-2440

Daytime Phone #