

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90116 036 ***158.75

DOCUMENT # F93007

1. Entity Name
BELLINGHAM INVESTORS, INC.



Principal Place of Business
**2161 GREYSTONE TRAIL
ORLANDO FL 32818
US**

Mailing Address
**225 FARM ST.
BELLINGHAM MA 02019
US**

2. Principal Place of Business
284 GOLDEN RAIN DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CeleBRATION FLA

City & State

4. FEI Number **59-2212068**

Applied For
Not Applicable

Zip
34747

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LARSEN, AIMEE
2151 GREYSTONE TRAIL
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **AIMEE LARSEN**
Street Address (P.O. Box Number is Not Acceptable)
284 GOLDEN RAIN DR
City **CeleBRATION** FL Zip Code **34747**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Make Payment NOW!!! FEE IS \$150.00
Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMBLER, LEE G. MENDON STREET BELLINGHAM MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARZETTA, ALFRED 50 SUMMER STREET BLACKSTONE MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, JOSEPH MISCOE SPRING ROAD MENDON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRELL, PAUL G. 225 FARM STREET BELLINGHAM MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Paul G. Farrell** **Tres.** **4-7-03** **9660798**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

NS12673
AT

CR2E034 (10/02)