## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 19, 2002 8:00 am Secretary of State F98000002909 DOCUMENT # 1. Entity Name 05-19-2002 90130 001 \*\*\*450.00 BELT ENTERPRISES, INC. Principal Place of Business Mailing Address 1940 DREW ST. 1940 DREW ST. **CLEARWATER FL 34625 CLEARWATER FL 34625** 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 Applied For 25-2095548 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Incturiant</u> F & L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA ST., 3RD FL. THE GREENLEAF BLDG. JACKSONVILLE FL 32202-3527 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPC M Addition TITLE ☐ Delete TITLE ☐ Change BELT, KLEMETT L JR. NAME NAME Cartwight, Ran 1940 Drew Street STREET ADDRESS 1940 DREW ST. STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP CITY-ST-ZIP Meanwater, DST Delete TITLE ☐ Change **I** Addition NAME ASCHENBECK, J. CHRIS NAME Gwen m. Belt STREET STREET ADDRESS 1940 DREW ST. STREET ADDRESS 1940 DREW CITY-ST-ZIP CITY ST-ZIP CLEARWATER FL 34625 (LEARWATER TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURÉ: