2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L11504 1. Entity Name BELT CONSTRUCTION CORPORATION OF TAMPA					FILED Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90221 039 ***158.75		
Principal Plac	ce of Business	Mailing Address					
5004-C W. LINBAUGH AVE TAMPA FL 33624-5030 US		5004-C W. LINE BAUGH AVE 5900 W LINEBAUGH TAMPA FL 33624-5030 US			l INDELADI BALIJANI HANI HANI OLIJI ODJIK OLIJI D	RAL MANA IN MANA MANA MANA	1 01811 180 1
2. Principal Place of Business		3. Mailing Address					
5004 West Linebaugh Av Suite, Apt. #, etc.		Suite, Apt. #, etc.			Ave DO NOT WRITE IN	THIS SPACE	
Suite C City & State Tampa, FL 33624		Suite C CHY&SLARE Tampa, Florida		4.	FEI Number 65-0157021	┝━━╇━─╲	plied For of Applicable
Zip	Country	Zip	Country	[Certificate of Status Desired		
<u>3:3:6:2:4</u>			Hillsbor	ough		Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Regist	erea Agent	
BELT, JOSEPH W. 5004-C W. LINBAUGH AVE TAMPA FL 33624			Street A	Address (P.O.	ess (P.O. Box Number is Not Acceptable)		
		City			FL Zip Code		
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND E 		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00 nt of State	te 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Addet to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELT, JOSEPH W. 5004-C W. LINEBAUGH AVE TAMPA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Belt 5004	/ Director , Joseph W. -C West Linebaug	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME	Pres Tubb	a, FL 33624 ident s, Harold A. West Linebaugh		Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-Tampa	a, Florida 33624	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicated of the corj	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an atdress, w	true and accurate and that i wered to execute this report	my signature shall h as required by Cha	ave the same	legal effect as if made under path t	hat Lam an officer i	or director