

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # L11504

1. Entity Name

Belt Construction Corporation of Tampa



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5004 West Linebaugh Avenue

3. Mailing Address

5004 West Linebaugh Avenue

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Tampa, Florida

City & State

Tampa, Florida

DO NOT WRITE IN THIS SPACE

MRS

4. FEI Number

65-0157021

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Joseph W. Belt

Street Address (P.O. Box Numbers Not Acceptable) 5004 West Linebaugh

Suite C

City Tampa

FL

Zip 33624

DO NOT WRITE
IN THIS SPACE

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

11/3/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/Chief Executive Officer
Joseph W. Belt
5004 West Linebaugh, Suite C
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600024509756
11/07/03-01050-028 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Harold A. Tubbs
5004 West Linebaugh Avenue, Suite C
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Michele D. Buff
5004 West Linebaugh Avenue, Suite C
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03

Date

Daytime Phone #

813-961-3075

CR2E034B (12/02)