


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L11504	
1. Entity Name BELT CONSTRUCTION CORPORATION OF TAMPA	

Principal Place of Business 5004 WEST LINEBAUGH AVE SUITE C TAMPA, FL 33624 US	Mailing Address 5004 WEST LINEBAUGH AVE SUITE C TAMPA, FL 33624 US
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0157021** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**BELT, JOSEPH W
5004 WEST LINEBAUGH AVE
SUITE C
TAMPA, FL 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000028724 02/04/04-80034-015 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BELT, JOSEPH W 5004 WEST LINEBAUGH SUITE C TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUBBS, HAROLD A 5004 WEST LINEBAUGH AVENUE SUITE C TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUFF, MICHELE D 5004 WEST LINEBAUGH AVENUE SUITE C TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Joseph W. Belt **1/29/04 813-961-3075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSEPH W BELT DCEO