

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000226

1. Entity Name

ESTATE OF JEAN E. BELT, L.C.

FILED

01 APR 30 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5004-C W. LINEBAUGH AVE.
TAMPA FL 33624-5030

Mailing Address

5004-C W. LINEBAUGH AVE.
TAMPA FL 33624-5030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3442289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELT, JOSEPH W
5004-C W. LINEBAUGH AVE.
TAMPA FL 33624-5030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Joseph W. Belt
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH W. BELT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BELT, JOSEPH W
5004-C W. LINEBAUGH AVE.
TAMPA FL 33624-5030 ☐ 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
300004219259-2
-05/16/01--01023--004
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Joseph W. Belt
Signature and typed or printed name of signing managing member, manager, or authorized representative

4-26-01 813-961-3075

Date

Daytime Phone #

CR2E083 (11/00)

0017965 AF