

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82155

1. Entity Name

BELINDA E. PUETZ & ASSOCIATES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90027 010 ***150.00

Principal Place of Business	Mailing Address
7794 GROW DR 437 TWIN BAY DRIVE PENSACOLA FL 32514 US	7794 GROW DR 437 TWIN BAY DRIVE PENSACOLA FL 32514-7072 US

2. Principal Place of Business 7794 GROW DR Suite, Apt. #, etc.	3. Mailing Address 7794 GROW DR Suite, Apt. #, etc.
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City & State PENSACOLA, FL	City & State PENSACOLA, FL
Zip 32514	Zip 32514
Country USA	Country USA

4. FEI Number 62-1339180	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PUETZ, BELINDA E. 437 TWIN BAY DRIVE PENSACOLA FL 32514	7. Name and Address of New Registered Agent Name PUETZ, BELINDA E. Street Address (P.O. Box Numbers Not Acceptable) 7794 GROW DR City PENSACOLA FL Zip Code 32514
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUETZ, BELINDA E. 11551 DUELING OAKS CT. PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHN, WERNER F. 11551 DUELING OAKS CT. PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: WERNER F. KUHN 2-14-00 P50 968-5493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)