

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07 2002 8:00 am
Secretary of State

07-16-2002 90376 001 ****61.25

DOCUMENT # N01000007169

1. Entity Name

BELLEVUE BUSINESS MASTERS INC. ✓

Principal Place of Business Mailing Address
 PO BOX 787 PO BOX 787
 Ocala FL 34478 Ocala FL 34478

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3752942** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOON, HOWARD
4215 SE 59TH STREET
OCALA FL 34480

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

DO NOT WRITE IN THIS SPACE

40379

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]

Howard Moon

7/3/2002

Signature, typed or printed name of registered agent and file if applicable.

NOTE: Registered Agent signature required when reappointing.

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOON, HOWARD	
STREET ADDRESS	4215 SE 59TH ST	D
CITY-ST-ZIP	OCALA FL 34480	
TITLE	V	<input type="checkbox"/> Delete
NAME	BABBIT, PATRICIA	
STREET ADDRESS	12055 SE US HWY 441	D
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FORTUNE, LYNN	
STREET ADDRESS	14601 SW 38TH TERRACE ROAD	D
CITY-ST-ZIP	OCALA FL 34473	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, LINDA	
STREET ADDRESS	PO BOX 1829	D
CITY-ST-ZIP	BELLEVUE FL 34421	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	9	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Masley	
STREET ADDRESS	2922 NE 23 1/2 Street	D
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(1), 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 817, Florida Statutes; and that my name appears on Block 70 of the Florida Department of Banking Regulation's records, or on an attachment with an address, e-mail or fax like empowered.

SIGNATURE:

SIGNATURE REQUIRED *[Signature]*

7/3/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2ED37 (4/02)

8/7/02