

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90100 003 ***150.00

0394266

DOCUMENT # P00000092388

1. Entity Name
BIBLEBELTS, INC.

Principal Place of Business
**4910 TAMiami TRAIL NORTH STE 210
 NAPLES FL 34103**

Mailing Address
**4910 TAMiami TRAIL NORTH STE 210
 NAPLES FL 34103**

00052298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2560 11th Circle
 Suite, Apt. #, etc.

3. Mailing Address
2560 11th Circle
 Suite, Apt. #, etc.

City & State
Naples, Florida
 Zip
34103
 Country
USA

City & State
Naples, Florida
 Zip
34103
 Country
USA

4. FEL Number
65-1078947
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SZEMPRUCH, DAVID J
 4910 TAMiami TRAIL NORTH STE 210
 NAPLES FL 34103**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZEMPRUCH, DAVID J		NAME		
STREET ADDRESS	4910 TAMiami TRAIL NORTH STE 210		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Edwina M. Szempruch	
STREET ADDRESS			STREET ADDRESS	2560 11th Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: David J. Szempruch 4/26/01 941-261-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)