

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/26

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-28-2003 90116 039 ***50.00
06-20-2003 90028 034 ***100.00

DOCUMENT # P00000096851

1. Entity Name
BELISLE ENTERPRISES, INC.

Principal Place of Business
3001 EASTLAND BLVD., STE. 6B
CLEARWATER FL 33761

Mailing Address
2519 NORTH MCMULLEN BOOTH RD.
BOX 510-346
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

3001 EASTLAND BLVD
Suite, Apt. #, etc. SUITE 1

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State

Zip
33761

Country
BENELUX

Zip

Country

4. FEI Number 59-3677408

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOBENHAUSEN, GALE M ESQ.
30-BISHOP CREEK DR.
SAFETY HARBOR FL 34695

CAROL J. BELISLE
3001 EASTLAND
SUITE 1
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol J. Belisle

5-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELISLE, CAROL J
2519 NORTH MCMULLEN BOOTH RD.
CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Carol J. Belisle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-21-03

CR2E034 (10/02)