

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000053319

FILED
Oct 30, 2009
Secretary of State

Entity Name: BELLVIEW SITE CONTRACTORS, INC.

Current Principal Place of Business:

5570 N BLUE ANGEL PKWY
PENSACOLA, FL 32526

New Principal Place of Business:

3300 GODWIN LANE
PENSACOLA, FL 32526

Current Mailing Address:

5570 N BLUE ANGEL PKWY
PENSACOLA, FL 32526

New Mailing Address:

3300 GODWIN LANE
PENSACOLA, FL 32526

FEI Number: 04-3678901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNARD, STAN
5570 N BLUE ANGEL PKWY
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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: STAN BARNARD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNARD, STAN
Address: 5570 N. BLUE ANGEL PKWY
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: WISE, CLAYTON E
Address: 5570 N. BLUE ANGEL PKWY
City-St-Zip: PENSACOLA, FL 32526

Title: STD () Delete
Name: BARNARD, DEBBIE
Address: 5570 N. BLUE ANGEL PKWY
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE BARNARD

STD

10/30/2009

Electronic Signature of Signing Officer or Director

Date