

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90112 038 ***150.00



DOCUMENT # P02000053319
1. Entity Name
BELLVIEW SITE CONTRACTORS, INC.

Principal Place of Business
**5570 N BLUE ANGEL PKWY
PENSACOLA FL 32526**

Mailing Address
**5570 N BLUE ANGLE PKWY
PENSACOLA FL 32526**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5570 N Blue Angel PKwy
Suite, Apt. #, etc.

City & State
Pensacola FL

Zip Country
32526 U.S.

4. FEI Number
04-3678901

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

BARNARD, STAN
5570 N BLUE ANGEL PKWY
PENSACOLA FL 32526

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	BARNARD, STAN	
STREET ADDRESS	5570 N. BLUE ANGEL PKWY	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WISE, CLAYTON E	
STREET ADDRESS	5570 N. BLUE ANGEL PKWY	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARNARD, DEBBIE	
STREET ADDRESS	5570 N. BLUE ANGEL PKWY	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

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	
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)(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: *Stan Barnard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 (850) 4
Date Daytime Phone #

CR2E034 (10/02)