2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000016258 May 22, 2000 8:00 am Secretary of State 1. Entity Name BELAIRE INDUSTRIES OF BREVARD, INC. 05-22-2000 90045 016 ***150.00 Principal Place of Business Mailing Address 122 INDIGO COVE PL 122 INDIGO COVE PL MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-3126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3167855 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCCA, ANNETTE 122 INDIGO COVE PLACE **MELBOURNE BEACH FL 32951** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Buccalannette **BUCCA, ANNETTE** NAME NAME STREET ADDRESS 122 INDIGO COVE PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MELBOURNE BEACH FL 32951 /**Change ☐ Addition Delete TITLE TITLE Bucca Charles #112 **BUCCA, CHARLES S** NAME 122 INDIGO COVE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP ☐ Addition Delete TITLE BUCCA, STEPHEN_ NAME NAME _- - -160 Malabar Rb#112 STREET ADDRESS 122 INDIGO COVE STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: