## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#	P93000029294
I. Entity Name	•

BELLEAIR GROUP, INC.

Principal Place of Business

Mailing Address

12600 S BELCHER RD.

104-C LARGO FL 33773 1421 COURT STR..B CLEARWATER FL 33756-6172

2. Principal Place of Business

Zip

SIGNATURE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HERSEM, THOMAS G

1421 COURT STR., B

Country

CLEARWATER FL 34646 33756

--- - 6. Name and Address of Current Registered Agent

City & State

4. FEI Number

Country

5. Certificate of Status Desired

-7. Name and Address of New Registered Agent

59-3185135

00 FEB 24 PM 4: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City

Name

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

FL

DATE

Zip Code

\$8.75 Additional

Fee Required

Applied For

Not Applicable

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, typed or printed name of registered agent and title if applicable. 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, 2000 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. KSTD Change Addition ☐ Delete TITLE TITLE GEIGER, BILL NAME NAME STREET ADDRESS 12600 S BELCHER RD , /04C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL <del>3461</del>6.3マクク3 ☐ Delete TITI F NAME KIEF, IRV NAME : 12600 S BELCHER RD, 104℃ \*\*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF President TITLE Change Addition TITLE . **700003155697--3** -03/03/00--01004--020 NAME NAME All Khin 12600 S. Belcher Rd. 104C Largo, FL 33773 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*3.75 Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2000