

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P94000036993

1. Entity Name

BELLEAIR DESIGN GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-07-2000 90029 043 ***150.00

Principal Place of Business

Mailing Address

2611 SEVILLE BLVD., SUITE B
 CLEARWATER FL 33760
 US

2611 SEVILLE BLVD., SUITE B
 CLEARWATER FL 33764-1136
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3257640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, KATHLEEN W.
 407 ROEBLING ROAD SOUTH
 BELLEAIR FL 34616

Name CHRIS KIRSCHNER

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

2611 SEVILLE BLVD SUITE B

City

CLEARWATER

FL

Zip Code 33764

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

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

CHRIS KIRSCHNER PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/30/00

DATE

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
 NAME SMITH, KATHLEEN W.
 STREET ADDRESS 407 ROEBLING RD. SO.
 CITY-ST-ZIP BELLEAIR FL

TITLE ST ☒ Delete
 NAME SMITH, JEFFREY W.
 STREET ADDRESS 407 ROEBLING ROAD SO.
 CITY-ST-ZIP BELLEAIR FL

TITLE VP ☒ Delete
 NAME KIRSCHNER, CHRISTOPHER
 STREET ADDRESS 4801 WOODMERE RD
 CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE VP ☒ Change ☐ Addition
 NAME SMITH, JEFFREY W.
 STREET ADDRESS 407 ROEBLING ROAD SO.
 CITY-ST-ZIP BELLEAIR FL

TITLE P ☒ Change ☐ Addition
 NAME KIRSCHNER, CHRISTOPHER
 STREET ADDRESS 2611 SEVILLE BLVD. SUITE B
 CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ST ☐ Change ☒ Addition
 NAME HOLDSWORTH, GREGG
 STREET ADDRESS 3534 Shoreline Circle
 CITY-ST-ZIP Palm Harbor, FL 34684

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

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

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

3/30/00 727-439-2590

Date

Daytime Phone #

CR2034 (9/99)