

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

006365 AV

04-17-2003 90633 047 \*\*\*150.00

DOCUMENT # **P94000078727**



1. Entity Name  
**BELLE AVENUE CORPORATION**

Principal Place of Business  
**1145 BELLE AVE  
WINTER SPRINGS FL 32708  
US**

Mailing Address  
**PO BOX 697  
CHIPLEY FL 32428  
US**



2. Principal Place of Business

3. Mailing Address

**2316 GILBERT MILL ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **CHIPLEY, FL  
~~COTTONDALE, FL~~**

4. FEI Number **59-3279723**

Applied For  
Not Applicable

Zip

Country

Zip **32428  
32431**

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONSWAY, ROGER  
1367-B SOUTH RAILROAD AVE  
CHIPLEY FL 32428**

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 \$350.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees  
**YOU'RE KIDDING... RIGHT?**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONSWAY, ROGER</b>	
STREET ADDRESS	<b>1367-B SOUTH RAILROAD AVE</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED R. LONSWAY 1-13-03 850-638-7412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)