FILED

727-461-7653

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SUNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P96000029532 BELLEAIR BROKERS, INC. 04-11-2001 90028 002 ***150.00 Principal Place of Business Mailing Address 901 CHESTNUT P O BOX 514 STE B INDIAN ROCKS BEACH FL 33785 - 945399 CLEARWATER FL 33757 2. Principal Place of Business 3. Mailing Address 1433 S. Ft. HARRISON Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FEI Number 59-3373792 Applied For lear water Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE T220 IZZO, GEORGE Street Address (P.O. Box Number is Not Acceptable) 901 CHESTNUT **CLEARWATER FL 33757** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) 🔼 Change TITLE ☐ Delete TITLE IZZO, GEORGE M NAME 1220, GEORGE M 902 N PALM DR SW STREET ADDRESS STREET ADDRESS 6257 -1 CAPE HATTERAS NE CITY-ST-ZIP LARGO FL 33770 CITY-ST-7IP Pete FL 33702 STD ☐ Change Addition TITLE ☐ Delete TITLE HARPER, LAURA NAME NAME 18941 GULF BLVD UNIT D STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-7IP CITY-\$T-ZIP Delete TITLE ☐ Change ☐ Addition KNAUST, WARREN J NAME 🚤 🛼 NAME 2400 SOUTH SHORE DR SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33705 CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE DANIELSON, PENNY DANIELSON, PENNY NAME NAME 10100 WILSON AVE 312 GULF BLUD UNITO STREET ADDRESS STREET ADDRESS SEMINOLE FL 34646 CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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