

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90026 044 ***150.00

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DOCUMENT # P96000029532

1. Entity Name

BELLEAIR BROKERS, INC.

Principal Place of Business

**1433 S. FT HARRISON
 STE D
 CLEARWATER FL 33756**

Mailing Address

**P O BOX 514
 INDIAN ROCKS BEACH FL 33785
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373792

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~1433 S. FT HARRISON~~

**1433 S. FT. HARRISON
 STE D
 CLEARWATER FL 33756**

Name

BRUCE DANIELSON

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

1433 S. FT HARRISON

SUITE D

City

CLEARWATER

FL

Zip Code

33785

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.

BRUCE DANIELSON

PRESIDENT

3-31-02

DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PD** ☒ Delete
 NAME **IZZO, GEORGE M**
 STREET ADDRESS **6257- 1 CAPE HATTERAS NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **PD** ☒ Change ☐ Addition
 NAME **BRUCE DANIELSON**
 STREET ADDRESS **1433 S. FT. HARRISON SUITE D**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **STD** ☐ Delete
 NAME **HARPER, LAURA**
 STREET ADDRESS **18941 GULF BLVD UNIT D**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE **VD** ☐ Delete
 NAME **KNAUST, WARREN J**
 STREET ADDRESS **2400 SOUTH SHORE DR SE**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

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

TITLE **VD** ☐ Delete
 NAME **DANIELSON, PENNY**
 STREET ADDRESS **312 GULF BLVD. UNIT D**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)(f), 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

BRUCE DANIELSON PRESIDENT

Date

3/31/02 (727) 420-5644

Daytime Phone #

CR2E034 (9/01)