

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90012 043 ***158.75

DOCUMENT # P96000039686

1. Entity Name
BELLEW SKY, INC.

Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701

Mailing Address
100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701

2. Principal Place of Business
2430 Estancia Blvd.

3. Mailing Address
2430 Estancia Blvd.

Suite, Apt. #, etc.
Suite #104

Suite, Apt. #, etc.
Suite #104

City & State
Clearwater, Florida

City & State
Clearwater, Florida

Zip
33761

Country
USA

Zip
33761

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3375870**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GIBBS, B. GRAY
100 SECOND AVENUE SOUTH
SUITE 704
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Hamden H. Baskin, III
Street Address (P.O. Box Number is Not Acceptable)
516 N. Ft. Harrison Avenue
City
Clearwater **FL** Zip Code
33755

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 _____ (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLEW, DEL 1540 GULF BLVD. PENTHOUSE #1 CLEARWATER FL 34630	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBBS, B. GRAY 408 17TH AVENUE N.E. ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delano E. Bellew 2430 Estancia Blvd., Suite #104 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Delano E. Bellew
DATE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

727-726-1588

Date Daytime Phone #

CR2E034 (9/01)