FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P96000046489 BELLEAIR INVESTMENT GROUP, INC. 04-11-2001 90052 028 \*\*\*150.00 Principal Place of Business Mailing Address 13832 OAK FOREST BLVD N. 13832 OAK FOREST BLVD N. SEMINOLE FL 33776 SEMINOLE FL 33776 C0045343 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3379056 Applied For Not Applicable Zip Country Zip 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 KENNEDY, SHARON Street Address (P.O. Box Number is Not Acceptable) 13832 OAK FOREST BLVD N. SEMINOLE FL 33776 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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) TITLE Delete KENNEDY, SHARON NAME NAME 13832 OAK FOREST BLVD N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP TITLE Delete TITLE secretary-ELIASON, BARBARA Griffith, Alma NAME NAME STREET ADDRESS 9139 118 WAY N. STREET ADDRESS 13501 9; AVE N CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP Seminole 33776 TITLE TITLE: President -· Change Addition -Delete BROC, MARY JANE Olenoski Aunette NAME NAME STREET ADDRESS 5265 E BAY 614 STREET ADDRESS Jinston Drive CITY-ST-ZIP CITY-ST-ZIP **CLRWATER FL 33764** 33756 lleaw .FL VICE President TITLE Addition ☐ Delete TITLE. Change FILIPOVICH, Doris NAME NAME STREET ADDRESS STREET ADDRESS ISTAND CITY-ST-ZIP CITY-ST-ZIP Clearuster, FL 33767 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SHARON M. KENNEBY TREASURER

ىك: SIGNATURE

4/6/0/ 717-392-3947