

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90200 020 ***150.00

DOCUMENT # P97000032545**1. Entity Name**
BEC OF BELLEAIR, INC.**Principal Place of Business****25 BELLEVIEW BLVD**
BELLEAIR FL 33757**Mailing Address****25 BELLEVIEW BLVD**
BELLEAIR FL 33757**2. Principal Place of Business****25 Belleview Blvd.**

Suite, Apt. #, etc.

3. Mailing Address**25 Belleview Blvd.**

Suite, Apt. #, etc.

City & State**Clearwater, FL****City & State****Clearwater, FL****4. FEI Number 58-2304508**

Applied For

Not Applicable

Zip **33756**Country **USA**Zip **33756**Country **USA****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****DUSS, JOHN S IV**
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

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.**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 Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	DUSS, JOHN S IV	
STREET ADDRESS	10110 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
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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.**SIGNATURE:****SALIM A. JETHA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01-09-01 770-953-9313**
Date Daytime Phone #

CR2E034 (10/00)