

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003985

1. Entity Name

JOHN A BELLAVIA, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90624 048 ***150.00

0605119

Principal Place of Business 10723 NW 54TH PLACE CORAL SPRINGS FL 33076	Mailing Address 10723 NW 54TH PLACE CORAL SPRINGS FL 33076
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2. Principal Place of Business 5632 NW 127TH Terrace	3. Mailing Address P.O. Box 26565
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Coral Springs, FL	City & State Tampa, FL	4. FEI Number 65-0801838	Applied For <input type="checkbox"/> Not Applicable
Zip 33076	Country Provoed	Zip 33320	Country Provoed
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BELLAVIA, JOHN 10723 N W 54TH PLACE CORAL SPRINGS FL 33076	7. Name and Address of New Registered Agent Name: JOHN Bellavia Street Address (P.O. Box Number is Not Acceptable) 5632 NW 127TH Terrace City: Coral Springs FL Zip Code: 33076
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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: JOHN Bellavia (NOTE: Registered Agent signature required when reinstating) DATE: 3-1-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELLAVIA, JOHN A 10723 NW 54TH PLACE CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JOHN A. BELLAVIA 5632 NW 127TH Terrace CORAL SPRINGS, FL. 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: JOHN A. BELLAVIA pres 3-1-01 561-239-8469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)