

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000014167**1. Entity Name
BELTON CUSTOM PAINTING, INC.

Principal Place of Business	Mailing Address
510 DOUGLAS AVE	510 DOUGLAS AVE
STE 1017	STE 1017
ALTAMONTE SPRINGS FL	ALTAMONTE SPRINGS FL
32714	32714

2. Principal Place of Business	3. Mailing Address
PMB 220, 501 N. ORLANDO AVE	PMB 220, 501 N. ORLANDO AVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#313	#313

City & State	City & State
WINTER PARK FL	WINTER PARK FL

Zip	Country	Zip	Country
327897313		327897313	

4. FEI Number	Applied For
59-3491096	☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**OSBORN MICHAEL S**
4646 W IRLO BRONSON MEMORIAL HWY**KISSIMMEE FL**
32779 US**7. Name and Address of New Registered Agent**

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 **MICHAEL S. OSBORN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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**

TITLE	PD	☐ Delete
NAME	BELTON DOUGLAS	
STREET ADDRESS	110 LUDLOW DR	
CITY-ST-ZIP	LONGWOOD FL 32799	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	BELTON DOUGLAS	
STREET ADDRESS	PMB 220 501 N. ORLANDO AVE. #313	
CITY-ST-ZIP	WINTER PARK FL 327897313	

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

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

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

TITLE		☐ Change ☐ Addition
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)(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: Douglas K. Belton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)