

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000016753

1. Entity Name
BELLASOFIA MANAGEMENT CONSULTANTS CORP.

Principal Place of Business
4200 CENTRAL SARASOTA PARKWAY
SARASOTA FL 34238

Mailing Address
4264 CENTRAL SARASOTA PKY
STE 126
SARASOTA FL 34238

2. Principal Place of Business
3864 TORREY PINES BLVD

3. Mailing Address
3864 TORREY PINES BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-0827908

Applied For
Not Applicable

Zip Country
34238

Zip Country
34238

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

ICARD, MERRILL, CULLIS, TIMM, FUREN, ETAL
ATTN: ROBERT E. MESSICK
2033 MAIN STREET SUITE 600
SARASOTA FL 34237 US

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 _____ DATE 04/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME GIRARD DENNIS J
STREET ADDRESS 4200 CENTRAL SARASOTA PARKWAY
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☒ Change ☐ Addition
NAME GIRARD DENNIS J
STREET ADDRESS 3864 TORREY PINES BLVD.
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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: Dennis J Girard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 04/30/2001

Date Daytime Phone #

CR2E034 (11/00)