2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000029306 **DOCUMENT #**

1. Entity Name

THE BELCOURT GROUP, INC.



Principal Place of Business

5922 CATTLEMAN LANE SARASOTA FL 34232

Mailing Address

5922 CATTLEMAN LANE

SARASOTA FL 34232



Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90061 030 ***550.00

| 2. Principal P | lace of Bysiness | 3. Mailing Address | . 0 | | | |
|-------------------------------|--|----------------------------------|-------------------------------------|--|-----------------------------------|--|
| 1518 Suite, Apt. | Sticking Point | 15 18 STic. | houry Pointe | | | |
| | | | | CHECK HERE IF MAKIN | G CHANGES | |
| Scity & Stat | cta 121 | SAVALTA F | 4 | 4. FEI Number 65-0830563 | Applied For Not Applicable | |
| Zip 34 | 252 Country | 34232 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Currer | nt Registered Agent | | 7. Name and Address of New Registered | Agent =- | |
| | | | Name | Name | | |
| HASKINS, HARRY W | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| | AMIAMI TRAIL | | | - | | |
| STE 201 | | | | | | |
| SARASOTA FL 34239 | | | City | FI | Zip Code | |
| SIGNATURE . | ions of registered agent. Signature, typed or printed name of registered age | ent and title if applicable. (NC | DTE: Registered Agent signature rec | tuired when reinstating) DATE | | |
| After Se Make Check | ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 c Payable to Florida Department | of State | | | \$5.00 May Be Added to Fees | |
| 10. | | D DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AN | | |
| TITLE NAME | CEO Chapman, Wayne D | Delete | | Eoth F green + | | |
| STREET ADDRESS | 5922 CATTLEMAN LANE | | STREET ADDRESS | is sticken Point | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | CITY-ST-ZIP | Aracota FI 34299 | | |
| TITLE | TD | Delete | | ec'y Tressurer | Change | |
| NAME | ANDERSON, LYNN M | | NAME | STUTION POINTE |), | |
| STREET ADDRESS CITY-ST-ZIP | 5922 Cattleman Lane Sarasota FL 34232 | | 0.774 AV WID | AVASOR FI 34231 | } | |
| TITLE | | Delete | -TITLE | | | |
| NAME | | | NAME | · · | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | ····· | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | Change Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | , | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | • | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME - | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: