## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## May 05, 2003 8:00 am Secretary of State P98000081118 DOCUMENT # 05-05-2003 90353 040 \*\*\*150.00 1. Entity Name BELAIR BUSINESS, INC. Mailing Address Principal Place of Business 120 E MAIN ST 120 E MAIN ST SHITE A SUITE A PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business Mailing Address +1 West Interstate 656 pruice Road North 60316 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3544621 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOOKMAN, ALAN B 30 SOUTH SPRING STREET PENSACOLA FL 32501 City Pensacola 72507-4350 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. the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE **Addition** Saint, John B. 41 West Interstate 65 Service Road Nov th LYON, WILLIAM M NAME NAME 30 S. SPRING ST. STREET ADDRESS STREET ADDRESS 36608-1001 PENSACOLA FL 32501 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition | NAME GREEN, MICHAEL E NAME West Interstate 65 Service Hoad North STREET ADDRESS STREET ADDRESS 120 E MAIN ST, STE A CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change **Addition** TITLE Delete TITLE NASH, NEAL NAME NAME I west Interstate 65 Service Road Worth 120 E MAIN ST, STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE **Addition** NAME NAME Interstate 65 Service Road North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE **Addition** TITLE ☐ Delete NAME NAME ( West I sterstate 65 Service Road North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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 appliamental 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 receiving or trustegrempowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment

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