2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90112 030 ***150.00

DOCUMENT # P98000095435

1. Entity Name
BELLE TERRE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
21 CYPRESS POINT PKWY PALM COAST FL 32164	21 CYPRESS POINT PKWY PALM COAST FL 32164

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542021 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, DONALD T JR
21 CYPRESS POINT PKWY
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name James E Weite, JR
Street Address (P.O. Box Number is Not Acceptable) 21 Cypress Point Parkway
City Palm Coast FL Zip Code 32164

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MARTIN, JOHN J	220 PALM COAST PARKWAY SW	PALM COAST FL 32137	☒
D	PREVATTE, EDWIN E	1660 LAMBERT AVENUE	FLAGLER BEACH FL 32136	☐
D	MORELLO, MICHAEL G JR.	POST OFFICE BOX 351458	PALM COAST FL 32135	☐
VP	WEITE, JAMES E	1 CREEK BEND WAY	ORMOND BEACH FL 32174	☐
D	GIBBS, THOMAS L	POST OFFICE BOX 2030	BUNNELL FL 32110	☐
P	PAGE, BRUCE E	9 CEDAR COURT	PALM COAST FL 32137	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: (James E Weite) 4/16/2002 386 445 9344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #