

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90034 050 \*\*\*150.00

**DOCUMENT # P990000000068**

1. Entity Name

**ANDREW J. BELFORD, INC.**

Principal Place of Business

Mailing Address

**150 NORTH BEACH ROAD**  
**HOBE SOUND FL 33455****PO BOX 8006**  
**HOBE SOUND FL 33475**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****BELFORD, ANDREW**  
**150 NORTH BEACH ROAD**  
**HOBE SOUND FL 33455**

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

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

(NOTE: Registered Agent signature required when reinstating)

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 11. OFFICERS AND DIRECTORS |                      | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | PVP                  | TITLE   |  |
| NAME                       | BELFORD, ANDREW J    | NAME  |  |
| STREET ADDRESS             | 150 NORTH BEACH ROAD | STREET ADDRESS  |  |
| CITY-ST-ZIP                | HOBE SOUND FL 33455  | CITY-ST-ZIP   |  |
| TITLE                      | T                    | TITLE   |  |
| NAME                       | KRISKE, MARY         | NAME  |  |
| STREET ADDRESS             | 150 NORTH BEACH ROAD | STREET ADDRESS  |  |
| CITY-ST-ZIP                | HOBE SOUND FL 33455  | CITY-ST-ZIP   |  |
| TITLE                      |                      | TITLE   |  |
| NAME                       |                      | NAME  |  |
| STREET ADDRESS             |                      | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                      | CITY-ST-ZIP   |  |
| TITLE                      |                      | TITLE   |  |
| NAME                       |                      | NAME  |  |
| STREET ADDRESS             |                      | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                      | CITY-ST-ZIP   |  |
| TITLE                      |                      | TITLE   |  |
| NAME                       |                      | NAME  |  |
| STREET ADDRESS             |                      | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                      | CITY-ST-ZIP   |  |
| TITLE                      |                      | TITLE   |  |
| NAME                       |                      | NAME  |  |
| STREET ADDRESS             |                      | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                      | 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:***Mary Kriske*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**MARY KRISKE**

3/19/01

Date

561-545-0022

Daytime Phone #

CR2E034 (10/00)