FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # P99000011311 **Secretary of State** 1. Entity Name BELLEAIR PALMS, INC. 03-26-2001 90032 050 ***150.00 Principal Place of Business Mailing Address 609 OAK AVENUE 609 OAK AVENUE AUUS/UDA CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR 59-3562 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ---7. Name and Address of New Registered Agent Rubali, Jawdet I Street Address (P.O. Box Number is Not Acceptable) 1358 SOUTH MISSOURI AVENUE **CLEARWATER FL 33756** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition NAME DEEGAN, ROBERT H NAME STREET ADDRESS STREET ADDRESS 609 OAK AVENUE CITY-ST-ZIP CiTY-ST-ZIP **CLEARWATER FL 33756** TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 'Change Delete 🖆 🖼 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition 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:

Pobert H. Deegen 3/20/01