

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025377

1. Entity Name

FOR BELLE ENTERPRISES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90013 003 ***550.00

Principal Place of Business

11325 S.R. 52
HUDSON FL 34669

Mailing Address

11325 S.R. 52
HUDSON FL 34669

2. Principal Place of Business

11325 S.R. 52

3. Mailing Address

Suite, Apt. #, etc.

City & State

HUDSON, FL 34669

City & State

Zip

Country

34669

USA

4. FEI Number

59-3569657

Applied For

Not Applicable

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME MENDES, RICHARD
STREET ADDRESS 2077 BREEZY WAY
CITY-ST-ZIP SPRING HILL FL 34608

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MENDES, LEANN
STREET ADDRESS 2077 BREEZY WAY
CITY-ST-ZIP SPRING HILL FL 34608

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Leann Mendes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEANN MENDES

9/12/00 18002995665
Date Daytime Phone #

CR2E034 (5/00)