## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am DOCUMENT # P99000027399 Secretary of State 1. Entity Name BELLEAIR INVESTMENTS, INC. 05-11-2001 90448 049 \*\*\*150.00 Principal Place of Business Mailing Address 2240 BELLEAIR ROAD STE 160 2240 BELLEAIR ROAD STE. 160 CLEARWATER FL 33764 CLEARWATER FL 33764 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 59-3567675 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR ROAD STE. 160 **CLEARWATER FL 33764** Zip Code City 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 Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Change □ Addition FOX, JEFFREY M NAME STREET ADDRESS STREET ADDRESS 2240 BELLEAIR ROAD STE. 190 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** TITLE ☐ Delete TITLE Change ☐ Addition MASSINGILL, JESSE L NAME NAME STREET ADDRESS STREET ADDRESS 711 NO SHERRILL ST. CITY-ST-7IP CITY-ST-7IP TAMPA FL 33609 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR