

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90194 037 \*\*\*550.00

**DOCUMENT # P99000044385**

1. Entity Name  
**BEL FABRICATING, INC.**

Principal Place of Business

7690-91ST STREET  
 LARGO FL 33777

Mailing Address

7690-91ST STREET  
 LARGO FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5043 HAINES RD  
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1471  
 Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-3583278

Applied For

Not Applicable

Zip 33714

Country PINELLAS

Zip 33780

Country PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, ROBERT H  
 5420 CENTRAL AVE.  
 ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name Sheila MARSCHALL  
 Street Address (P.O. Box Number is Not Acceptable)  
 1724 W. LAKESHORE CIRCLE  
 City CLEWATER FL Zip Code 33715

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]* *[Signature]* 7-30-01  
 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 12, 2001 Fee 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	BOLCHER, DOUGLAS	
STREET ADDRESS	7690 91ST ST	
CITY-ST-ZIP	LARGO FL 33777-4028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-01 727-522-9910  
 Date Daytime Phone #

CR2E034 (5/01)