

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051221 *Amended*

1. Entity Name
BELLEAIR REALTY INVESTMENT, INC.

Principal Place of Business: 1421 COURT STREET, SUITE B CLEARWATER FL 33756
Mailing Address: 1421 COURT STREET, SUITE B CLEARWATER FL 33756

2. Principal Place of Business: 2435 U.S. HWY 19 STE 220
3. Mailing Address: 2435 U.S. HWY 19 STE 220
City & State: HOLIDAY, FL

City & State: 34691 US 34691 US

FILED
01 SEP 19 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
William Geiger
2435 U.S. HWY 19 STE 220
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent
CLAYTON PARKER
2727 ULMERTON Rd STE 350
CLEARWATER, FL 33762

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: *Clayton Parker* (Signature of Registered Agent) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GEIGER, WILLIAM 12600 BELCHER ROAD LARGO FL 33773 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GEIGER, WILLIAM 2435 U.S. HWY 19 STE 220 HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLAYTON PARKER 2727 ULMERTON Rd STE 350 CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004614123-7 -09/27/01--01081--005 *****70.00 *****70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: *Clayton Parker*

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