## 2

## **2003 FOR PROFIT CORPORATION**

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

**DOCUMENT #** 

P99000076881

1. Entity Name



**FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90174 024 \*\*\*150.00

BELTON REAL ESTATE COMPANY, INC.											
Principal Place of Business 730 GREENSWARD COURT J-204 DELRAY BEACH FL 33445		Mailing Address 730 GREENSWARD COURT J-204 DELRAY BEACH FL 33445			1 184	11881   18 1311   1811   18	<i>)</i> Hi <b>Be</b> la <b>C</b> on Bella	<b>0410 0</b> 11 <b>0</b> 1 (610)	10004 (100 t <b>00</b> 01		
2. Principal F	Place of Business	3. Mailing Address			11891		iit ootti ocht botil 1	7918 BILBI 19191	18181 (181 188)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HE	ERE IF MAKING	CHANGES			
City & Stat	е	City & State			4. FEI Num	65-0942100			pplied For ot Applicable		
Zip	Country	Zip		Country		5. Certificat	te of Status Desir		\$8.75 Add		
	6. Name and Address of Current						nd Address of Ne		<del>.</del>		
					Name						
	ERNESTINE		•	Street	Address (F	P.O. Box Numl	ber is Not Accept	able)			
	ENSWARD COURT J-204				·	<del></del>	<u>.</u>				
DELINATE	BEACH FL 33445					<del></del>					
		<u></u>		City				FL	Zip Cod	.e	
	named entity submits this statement follows of registered agent.	or the purp	ose of changing its re	egistered office	or registere	ed agent, or b	oth, in the State o	of Florida. I am f	amiliar with,	and accept	
SIGNATURE	<u></u>							·			
	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE: F	Registered Agent sign	ature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							Election Campaig			00 May Be	
	Payable to Florida Department o	f State				'	rust Fund Contill	outon.	, Addec	1 to rees	
10.	OFFICERS AND	DIRECTO		11.		ADDITIONS	S/CHANGES TO	OFFICERS AND			
TITLE NAME	D Belton, ernestine		☐ Delete	TITLE NAME					☐ Change	☐ Addition \	
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0111-01-217				CITY-ST-ZIP	Щ						

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (2)