

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-19-2000 90066 037 ***158.75

DOCUMENT # P99000108755

1. Entity Name

BELTON ENGINEERING GROUP, INC.

R

Principal Place of Business

Mailing Address

~~10018 WILES RD.~~
~~CORAL SPRINGS FL 33076~~

4960 S.W. 52nd St.
Davie, Florida 33314

~~10018 WILES RD.~~
~~CORAL SPRINGS FL 33076~~

4960 S.W. 52nd Street
Davie, Florida 33314

2. Principal Place of Business

4960 S.W. 52nd Street
 Suite, Apt. #, etc.
H05

3. Mailing Address

4960 S.W. 52nd Street
 Suite, Apt. #, etc.
#H05

City & State

Davie, Florida
 Zip
33314 Country
Florida

City & State

Davie, Florida
 Zip
33314 Country
Florida

4. FEI Number

Applied for

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEDDLE, RODERICK D
 10918 WILES RD.
 CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name *Norah Belton*
 Street Address (P.O. Box Number is Not Acceptable)
4960 South West, 52nd Street
 City *Davie* FL Zip Code *33314*

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

Norah Belton (Norah Belton)

4/26/00
 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 \$150.00
After MAY 1, 2000 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	<i>PRESIDENT</i> <i>NORAH BELTON</i> <i>4960 S.W. 52nd Street</i> <i>4960 S.W. 52nd Street</i> <i>Davie, Florida 33314</i>	<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
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norah Belton

4/26/00 (954) 584-1511
 Date Daytime Phone #

CR2E034 (9/99)