## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 01, 2001 8:00 am DOCUMENT, # P0000052137 Secretary of State BELL AND ASSOCIATE CORPORATION 05-01-2001 90124 003 \*\*\*150.00 Principal Place of Business Mailing Address 18125 U.S. HIGHWAY WAY 41 18125 U.S. HIGHWAY WAY 41 SUITE 295C. 201 SUITE-2056 20 LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address 25 U.S. Hw. e 201 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 1/500102 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BELL, BRIAN V Street Address (P.O. Box Number is Not Acceptable) 18125 U.S. HIGHWAY WAY 41 SUITE 2050 201 LUTZ FL 33549 City Zip Code 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) DATE 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 criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Prosiden NAME NAME 4110.50; to 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS

Brian V. Sell 4-25-01

Change

■ Addition