

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 303278

1. Entity Name

BELL CERAMICS INC

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90077 049 ***150.00

Principal Place of Business

Mailing Address

197 LAKE MINNEOLA DR.
P.O. BOX 120127
CLERMONT FL 34712-7127

197 LAKE MINNEOLA DR.
P.O. BOX 120127
CLERMONT FL 34712-0127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-1456014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, RICHARD H.
1139 LAKE SHORE DR.
ORLANDO, FL
CLERMONT FL 34711

Name
BELL, PETER
Street Address (P.O. Box Number is Not Acceptable)
4259 FORREST ROAD
City **MASCOTTE** FL Zip Code **34753**

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, typed or printed name of registered agent and title if applicable.

PETER BELL PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

DATE *4-11-00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BELL, RICHARD
STREET ADDRESS 1139 LAKE SHORE DR.
CITY-ST-ZIP CLERMONT FL ☐ Delete

TITLE D
NAME BELL, RICHARD
STREET ADDRESS 1139 LAKESHORE DR
CITY-ST-ZIP CLERMONT FL 34711 ☒ Change ☐ Addition

TITLE D
NAME BELL, PETER
STREET ADDRESS 4259 FORREST ROAD
CITY-ST-ZIP MASCOTTE FL ☐ Delete

TITLE PD
NAME BELL, PETER
STREET ADDRESS 4259 FORREST ROAD
CITY-ST-ZIP MASCOTTE FL 34753 ☒ Change ☐ Addition

TITLE SD
NAME HETTINGER, CALVIN
STREET ADDRESS 149 ORANGE AVE.
CITY-ST-ZIP CLERMONT FL ☐ Delete

TITLE D
NAME HETTINGER, CALVIN
STREET ADDRESS 149 ORANGE AVE
CITY-ST-ZIP CLERMONT FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME HETTINGER, MARK
STREET ADDRESS 101 W OSCEOLA COURT
CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]* PETER BELL 4-11-00 352-394-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0.14 (9/99)