

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 303278 ✓

1. Entity Name

BELL CERAMICS INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90065 041 ***150.00

Principal Place of Business

197 LAKE MINNEOLA DR
PO BOX 120127
CLERMONT FL 34712-0127

Mailing Address

197 LAKE MINNEOLA DR
PO BOX 120127
CLERMONT FL 34712-0127

00049310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-1456014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELL, PETER
4259 FORREST ROAD DRIVE
MASCOTTE FL 34753

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

PETER BELL PRESIDENT

04 10 01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BELL, PETER**
STREET ADDRESS **429 FORREST ROAD**
CITY-ST-ZIP **MASCOTTE FL 34753**

TITLE **D** ☐ Delete
NAME **BELL, RICHARD**
STREET ADDRESS **1139 LAKESHORE DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ Delete
NAME **HETTINGER, CALVIN**
STREET ADDRESS **149 ORANGE AVE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Peter Bell

PETER BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/01

Date

352-394-2175

Daytime Phone #

CR2E034 (11/00)