

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0050208 AV

DOCUMENT # 303278

1. Entity Name
BELL CERAMICS INC

04-01-2002 90634 016 ***150.00

Principal Place of Business: 197 LAKE MINNEOLA DR.
P.O. BOX 120127
CLERMONT, FL 34712-7127

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



2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

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, PETER
4259 FORREST ROAD
ORLANDO, FL
MASCOTTE FL 34753

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 | D | <input type="checkbox"/> Delete |
| NAME | BELL, RICHARD | |
| STREET ADDRESS | 1139 LAKE SHORE DR. | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BELL, PETER | |
| STREET ADDRESS | 429 FORREST ROAD | |
| CITY-ST-ZIP | MASCOTTE FL 34753 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HETTINGER, CALVIN | |
| STREET ADDRESS | 149 ORANGE AVE. | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HETTINGER, MARK | |
| STREET ADDRESS | 101 W OSCEOLA COURT | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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:

[Signature]
WILLIAM BELL

3/21/02

352-394-2175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)