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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

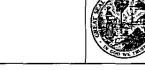
DCI	IMENT	#
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303278

1. Entity Name

SIGNATURE

BELL CERAMICS INC



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		3. Mailing Address		
Suite, Apt. #, e	tc.	Suite, Apt. #, et	cc.	
City & State	 	City & State		
Zip	Country	Zip	Country	
	Name and Address of Cu	rrent Registered Agent		<u></u>
			Name	S

if applicable

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91005 016 ***150.00



DATE

. Name and Address of New Registered Agent

Trust Fund Contribution.

BELL, PETER 4259 FORREST ROAD	Street Address (P.O. Box Number	r is Not Acceptable)
ORLANDO, FL MASCOTTE FL 34753	City	FL Zip Code
8. The above named entity submits this statement for the purpo	ose of changing its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept

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8.	The above named entity submits the	s statement for the purpose	e of changing its registere:	d office or registered ag	gent, or both, in the State	of Florida. I am fa	amiliar with, and accept	,
	the obligations of registered agent.	1						
	14 ×	ï						

(NOTE: Registered Agent signature required when reinstating)

	printed marrie or registered agent and the			
FILE NOW!!!	FEE IS \$150.00			
. After May 1 2003	Fee will be \$550.00			

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RICHARD 1139 LAKE SHORE DR. CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, PETER 429 FORREST ROAD MASCOTTE FL 34753	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETTINGER, CALVIN 149 ORANGE AVE. CLERMONT FL 34711	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HETTINGER, MARK 101 W OSCEOLA COURT CLERMONT FL 34711	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐	Addition

12. I hereby 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 10 or Block 11 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

2-21-03

352-394-2175

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