CR2E034 (10/02)

**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Feb 10, 2003 8:00 am Secretary of State 419563 DOCUMENT # 1. Entity Name 02-10-2003 90167 021 \*\*\*150.00 BELL BROS. PROPERTIES, INC. Principal Place of Business Mailing Address 3113 CORTEZ ROAD 501 VILLAGE GREEN PARKWAY **BRADENTON FL 34209** SUITE 22 BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1462499 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, HARRY K. Street Address (P.O. Box Number is Not Acceptable) **501 VILLAGE GREEN PARKWAY** SUITE 22 **BRADENTON FL 34209** 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. I am familiar with, and accept the obligations of regis SIGNATURE Signature, typ e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE STILE NOWIN FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. 🤃 🦠 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Addition NÂME BELL, STEPHEN H NAME STREET ADDRESS 809 19TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP TITLE 2 ☐ Delete TITLE ☐ Change ■ Addition NAME BELL. ROBERT E NAME STREET ADDRESS 1507 WATER OAK WAY STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Thorry K. Bell 1907-49th of W. Broden for Flo. 34209 TITLE ☐ Delete TITLE Change Addition NAME BELL, HARRY K. NAME STREET ADDRESS 6704 7TH AVE. BLVD.N.W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if ith all other like empowered

SIGNATURE: