

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639311

1. Entity Name

BELL AIRCRAFT SALES & SERVICE, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90089 020 \*\*\*150.00

Principal Place of Business

Mailing Address

3915 ST. LUCIE BLVD  
FT PIERCE FL 34946

3915 ST. LUCIE BLVD  
FT PIERCE FL 34946-9025

2. Principal Place of Business

3828 ST. Lucie Blvd.

3. Mailing Address

3828 ST. Lucie Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Pierce, FL

City & State

FT. Pierce, FL

Zip  
34946

Country  
U.S.

Zip  
34946

Country  
U.S.

4. FEI Number 59-1947288

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, JAMES  
11855 APPALOOSA COURT  
PORT ST. LUCIE FL 34988

Name

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

City

FL

Zip Code

34987

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, 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, 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	VTSC	<input checked="" type="checkbox"/> Delete
NAME	BELL, JAMES	
STREET ADDRESS	11855 APPALOOSA COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, JAMES M	
STREET ADDRESS	855 5TH PLACE	
CITY-ST-ZIP	VERO BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BELL	
STREET ADDRESS	11855 APPALOOSA CT.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34987	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. BELL, Director

Date

4/19/00

Daytime Phone #

561-464-7776

CR2E034 (9/99)