

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0334486 AV

**DOCUMENT # 652994**

Entity Name  
**THOMAS P. BELL, P.A.**

02-20-2002 90122 015 \*\*\*150.00

Principal Place of Business  
**201 N. UNIVERSITY DR.**  
**SUITE 103**  
**PLANTATION FL 33324**

Mailing Address  
**201 N. UNIVERSITY DR.**  
**SUITE 103**  
**PLANTATION FL 33324**  
**US**



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-2019373** Applied For  
 Not Applicable

Zip Country Zip Country 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	
Name: <b>BELL, THOMAS PORTER</b>		Name: <b>STAN</b>	
Street Address (P.O. Box Number is Not Acceptable): <b>1740 NW 122ND TERR. - SUITE 103</b>		Street Address (P.O. Box Number is Not Acceptable): <b>201 N. UNIVERSITY DRIVE #903</b>	
City: <b>PEMBROKE PINES FL 33026</b>		City: <b>PLANTATION FL</b> Zip Code: <b>33324</b>	

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: DATE: **2/5/02**

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	NAME <b>BELL, THOMAS PORTER</b>	TITLE	NAME <b>STAN</b>
STREET ADDRESS <b>9100 N.W. 7TH COURT</b>	STREET ADDRESS <b>201 N. UNIVERSITY DR #103</b>	STREET ADDRESS	STREET ADDRESS <b>PLANTATION FL 33324</b>
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	CITY-ST-ZIP <b>PLANTATION FL 33324</b>	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 title empowered.

SIGNATURE: DATE: **2/5/02** Daytime Phone #: **954-431-4455**

CR2E034 (9/01)