2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State **DOCUMENT #** K04306 06-11-2002 90390 020 ***150.00 1. Entity Name BELL 2, INC. Principal Place of Business Mailing Address 11/580 630 E NEW HAVEN AVE. 630 E NEW HAVEN AVE. P-0 BOX 1251 P O BOX 1251 MELBOURNE FL 32902-8251 MELBOURNE FL 32802-1251 2. 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 Applied For 59-2862283 Not Applicable Zip Country Zin 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 BOSKIND, RICHARD Street Address (P.O. Box Number is Not Acceptable) 262 N SONORA CR. MELBOURNE FL 32901 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. .SIGNATURE Signature, typed or printed nume of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (000 TITLE Change ☐ Addition **BOSKIND, RICHARD** NAME NAME STREET ADDRESS 262 N. SONORA CR. STREET ADDRESS CITY-ST-7IP INDIALANTIC FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-71P TITLE ☐ Delete TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 is

allachment



FLORIDA DEPARTMENT OF STATE Katherine Harris

117680

Secretary of State

May 22, 2002

BELL 2, INC.

630 E NEW HAVEN AVE.

P O BOX 1251

MELBOURNE, FL 32902-1251-US

Subject: BELL 2, INC.

Reference Number:

K04306

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the

Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION

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