

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90092 045 \*\*\*150.00

**DOCUMENT # K18165**

1. Entity Name

**PETER A. BELL, P.A.**

Principal Place of Business

**% PETER A. BELL  
322 TAMiami TRAIL, SUITE 20  
PUNTA GORDA FL 33950**

Mailing Address

**% PETER A. BELL  
322 TAMiami TRAIL, SUITE 20  
PUNTA GORDA FL 33950**

2. Principal Place of Business

**3296 Dupre Street**

3. Mailing Address

**Post Office Box 512549**

Suite, Apt. #, etc.

**Port Charlotte, FL**

Suite, Apt. #, etc.

**Punta Gorda, Florida**

City & State

City & State

4. FEI Number

**65-0044279**

Applied For

Not Applicable

Zip

**33980**

Country

**U.S.**

Zip

**33951-2549**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BELL, PETER A.  
322 TAMiami TRAIL, SUITE 20  
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **Vicki L. Delle Donne**

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

**3296 Dupre Street**

City **Punta Gorda**

**FL**

Zip **33980**

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 *Vicki L. Delle Donne*

**Vicki L. Delle Donne**

**1/16/01**

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, 2001 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

TITLE **D** ☐ Delete  
NAME **BELL, PETER A.**  
STREET ADDRESS **322 TAMiami TRAIL, #20**  
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Peter A. Bell** ☒ Change ☐ Addition  
NAME **Char. City Justice Center**  
STREET ADDRESS **350 E. Marion Avenue**  
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ 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: *Peter A. Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Peter A. Bell**

**1/16/01**

**941-637-2291**

Date

Daytime Phone #

CR2E034 (10/00)

0537664