

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90033 005 \*\*\*150.00

**DOCUMENT # L14217**

1. Entity Name

**BELL AND JOHNSON, INC.**

Principal Place of Business

**7011 237TH ST E  
 MYAKKA CITY FL 34251  
 US**

Mailing Address

**7011 237TH ST E  
 MYAKKA CITY FL 34251  
 US**

2. Principal Place of Business

**6985 Hawkins Rd.  
 Suite, Apt. #, etc.**

3. Mailing Address

**6985 Hawkins Rd.  
 Suite, Apt. #, etc.**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

Zip  
**34241**

Country  
**US**

Zip  
**34241**

Country  
**US**

4. FEI Number

**65-0144307**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MITZI B  
 7011 237TH STREET EAST  
 MYAKKA CITY FL 34251**

7. Name and Address of New Registered Agent

Name

**JOHNSON, MITZI BELL**

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

**6985 Hawkins Rd.**

City

**Sarasota**

**FL**

Zip Code  
**34241**

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 Mitzi Bell Johnson **Mitzi Bell Johnson P/S/T/D** **2/16/2002**  
 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, 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**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
 NAME **JOHNSON, JOHN FLEET**  
 STREET ADDRESS **7011 237TH ST E**  
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **STD** ☐ Delete  
 NAME **JOHNSON, MITZI BELL**  
 STREET ADDRESS **7011 237TH ST E**  
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE **P/S/T/D** ☒ Change ☐ Addition  
 NAME **JOHNSON, MITZI BELL**  
 STREET ADDRESS **6985 Hawkins Rd.**  
 CITY-ST-ZIP **Sarasota, FL 34241**

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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: Mitzi Bell Johnson **Mitzi Bell Johnson** **2/16/2002** **(941) 925-9941**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)