

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90218 002 \*\*\*150.00

**DOCUMENT # L14217**

1. Entity Name  
**BELL AND JOHNSON, INC.**



Principal Place of Business  
**6985 HAWKINS RD  
SARASOTA FL 34241  
US**

Mailing Address  
**6985 HAWKINS RD  
SARASOTA FL 34241  
US**



2. Principal Place of Business  
**1925 Bahia Vista St.**

3. Mailing Address  
**1925 Bahia Vista St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Sarasota, FL.**

City & State  
**Sarasota, FL.**

4. FEI Number  
**65-0144307**

Applied For  
☐ Not Applicable

Zip Country  
**34239 US**

Zip Country  
**34239 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, MITZI B  
6985 HAWKINS RD  
SARASOTA FL 34241**

**7. Name and Address of New Registered Agent**

Name  
**Johnson, Mitzi B**

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

**1925 Bahia Vista St.**

City **Sarasota** **FL** Zip Code **34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mitzi Bell Johnson Mitzi Bell Johnson**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1/18/2003**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PSTD** ☐ Delete  
NAME **JOHNSON, MITZI BELL**  
STREET ADDRESS **6985 HAWKINS RD**  
CITY-ST-ZIP **SARASOTA FL 34241**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **Johnson, mitzi bell**  
STREET ADDRESS **1925 Bahia Vista St.**  
CITY-ST-ZIP **Sarasota, FL 34239**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mitzi Bell Johnson** **REQUIRED** **Mitzi Bell Johnson, President** **1/18/2003** **941-366-0571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #