

DOCUMENT # **L21908**  
1. Entity Name  
**BELLS FIREWORKS DISPLAY CO.**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90051 012 \*\*\*150.00

Principal Place of Business      Mailing Address  
**ROBERT M STAHL**      **ROBERT M STAHL**  
**7813 N. GOMEZ**      **7813 N. GOMEZ**  
**TAMPA FL 33614**      **TAMPA FL 33614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**7901 N ARMENIA**      **7901 N ARMENIA**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**TAMPA FL**      **TAMPA FL**  
Zip      Country      Zip      Country  
**33604**      **H.I/S**      **33604**      **H.I/S**

4. FEI Number      59-3001997      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐      \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**BRACE, RONALD**  
**508 W. FLETCHER AVE.**  
**TAMPA FL 33612**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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      ☐      \$5.00 May Be  
Trust Fund Contribution.      Added to Fees

11. OFFICERS AND DIRECTORS  
TITLE      **P**      ☐ Delete  
NAME      **STAHL, ROBERT M**  
STREET ADDRESS      **7813 EGYPT LAKE DR**  
CITY-ST-ZIP      **TAMPA FL 33614**  
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      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
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: **Robert M. Stahl**      **Robert M. Stahl - P**      **1/5/2001**      **813-935-8810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)