

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90082 025 ***150.00

DOCUMENT # L63927

1. Entity Name
AUTO SERVICE BY JACK BELL, INC.

Principal Place of Business

295 S. WICKHAM RD.
W. MELBOURNE FL 32904
US

Mailing Address

295 S. WICKHAM RD.
W. MELBOURNE FL 32904
US

2. Principal Place of Business

295 S. Wickham Rd.
Suite, Apt. #, etc.
UNIT C

3. Mailing Address

295 S. Wickham Rd.
Suite, Apt. #, etc.
UNIT C

City & State

W. Melbourne, FL.

City & State

W. Melbourne, FL.

4. FEI Number

59-3007204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, JAMES E.
295 S WICKHAM RD
W. MELBOURNE FL 32904

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

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 BELL, KIMBERLY
STREET ADDRESS 295 S. WICKHAM
CITY-ST-ZIP W. MELBOURNE FL

TITLE VD ☐ Delete
NAME BELL, JAMES E.
STREET ADDRESS 295 S. WICKMAN RD
CITY-ST-ZIP W. MELBOURNE FL

TITLE ST ☒ Delete
NAME BELL, KIMBERLY E.
STREET ADDRESS 295 WICKHAM RD
CITY-ST-ZIP W. MELBOURNE 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME James E. Bell
STREET ADDRESS 295 S. Wickham Rd. UNIT C
CITY-ST-ZIP W. Melbourne, FL.

TITLE S ☒ Change ☐ Addition
NAME James E. Bell
STREET ADDRESS 295 S. Wickham Rd. Unit C
CITY-ST-ZIP W. Melbourne, FL.

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

Date

321-984-3252

Daytime Phone #

CR2E034 (9/01)