2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -6 AM 10:39

DOCUMENT # L97000001264

1. Entity Name

BELL, BELL AND CHILDERS, L.L.C.

Principal Place of Business	Mailing Address
301 E. HICKORY AVE. CRESTVIEW FL 32536	301 E. HICKORY AVE. CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 North Eglin Pkwy	801 North Eglin Pkwy
Suite, Apt. #, etc.	
City & State: Fort Walton Beach, FL	City & State: Fort Walton Beach, FL
Zip: 32547 Country: USA	Zip: 32547 Country: USA

4. FEI Number 58-2353715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWE, TOM L
301 E. HICKORY AVE.
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name: Michael S. McDuffie

Street Address (P.O. Box Number is Not Acceptable): 797 North Pearl Street

City: Crestview, FL Zip Code: 32536

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: X Michael S. McDuffie (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/02

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BELL, LINDA L 903 SUNSET BAY COURT SHALIMAR FL 32538	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CROWE, TOM L 301 E. HICKORY AVE. CRESTVIEW FL 32536	☒ Delete	MGRM McDuffie, Michael S. 797 North Pearl Street Crestview, FL 32536	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900011991829 05/27/02--90381--003 **250.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

Mail 2/7/02

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Michael S. McDuffie (SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) 4/30/02 Date (850) 68-4357 Daytime Phone #