

2000 UNIFORM BUSINESS REPORT (UBR)

0016975 AB

DOCUMENT # M99000001278

1. Entity Name
BELLS & WHISTLES, LLC

Principal Place of Business
4107 COLUMBIA ROAD, SUITE TB
MARTINEZ GA 30907

Mailing Address
4107 COLUMBIA ROAD, SUITE TB
MARTINEZ GA 30907-1485

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2482143

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, DEBRA L
1858 SOUTH 8TH STREET
FERNANDINA BEACH FL 32034

Name HEATH, FRANK

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

4448 Swilcan Bridge Ln N.

City JACKSONVILLE FL

FL

Zip Code

32224

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME BROWN, WAYNE B
STREET ADDRESS 4107 COLUMBIA ROAD, SUITE TB
CITY- ST- ZIP MARTINEZ GA 30907

TITLE
NAME
STREET ADDRESS 600003456066--8
CITY- ST- ZIP -11/07/00--01117--009
*****50.00 *****50.00

TITLE MGRM
NAME PARADISE, DAVID
STREET ADDRESS 417 MAIN STREET
CITY- ST- ZIP NATCHEZ MS 39120

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM
NAME HEATH, FRANK C JR.
STREET ADDRESS 1047 SOARING WAY
CITY- ST- ZIP MARIETTA GA

TITLE MGRM
NAME Heath, Frank C. Jr.
STREET ADDRESS 4448 Swilcan Bridge Ln N.
CITY- ST- ZIP Jacksonville, FL 32224

TITLE MGRM
NAME FOSTER, THADDEUS
STREET ADDRESS 1104 SEMINOLE DRIVE
CITY- ST- ZIP RICHARDSON TX 75080

TITLE MGRM
NAME Foster, Thaddeus
STREET ADDRESS 668 Lake Stone Circle
CITY- ST- ZIP Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Wayne B Brown Frank Heath

Wayne B Brown

9/15/00

706-855-6395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

CR2E083 (9/99)