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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-12-2001 90217 046 ****70.00

DOCUMENT # N00000008426

1. Entity Name
THE AIDS MEMORIAL BELLS, INC.

Principal Place of Business
1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

Mailing Address
1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3685839 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCGUIRE, TERRY J
1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

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 Terry J McGuire, President 2/8/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, TERRY J 1508 ADAMS CIRCLE EAST LARGO FL 33771-3474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/M /D MCGUIRE, TERRY J 1508 ADAMS CIRCLE EAST LARGO FL 33771-5474 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONNERTH, DAVID S 5150 10TH AVE. N., #101 ST. PETERSBURG FL 33710-3474 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D KONNERTH, DAVID S 5150 10TH AVE. N., #101 ST. PETERSBURG FL 33710 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVTH, THOM 1145 DREW ST. CLEARWATER FL 33755 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUTH, THOM 1145 DREW ST. CLEARWATER FL 33755 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: Terry J. McGuire, Pres. 2/8/01 727-584-5082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

@ indicates request done by Terry McGuire @