

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005874**

1. Entity Name

**BELL LAGOON, INC.****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90040 026 \*\*\*\*61.25

**C0033275**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2207 N CENTRAL AVE TIFTON GA 31794-2850 US</b>	Mailing Address <b>2207 N CENTRAL AVE TIFTON GA 32097-3409 US</b>
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2. Principal Place of Business <b>121 Meadowfield Bluff Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>121 Meadowfield Bluff Road</b> Suite, Apt. #, etc.
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City & State <b>Yulee, Fl.</b>	City & State <b>Yulee, Fl.</b>
Zip <b>32097</b>	Zip <b>32097</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3362195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HIRST, NEAL A 301 1/2 GENTRE STREET FERNANDIAN BEACH FL 32304</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>303 Centre St., Suite 201</b> City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HIRST, NEAL A 2207 N CENTRAL AVE TIFTON GA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>121 Meadowfield Bluff Road Yulee, Fl. 32097</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HIRST, DEE A 2207 N CENTRAL AVE TIFTON GA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>121 MEadowfield Bluff Road Yulee, FL. 32097</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARMAND, TERRY B 301 1/2 CENTRE ST FERNANDINA BEACH FL 32034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>303 Centre St., Suit 201 Fernandina Beach, Fl. 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** DEE A. HIRST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/2/00** **904-225-3800**  
Date Daytime Phone #

CR2E037 (9/99)