FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** P00000032193 1. Entity Name 04-11-2002 90785 029 ***150.00 GAIL BELL, INC. Principal Place of Business Mailing Address 3405 S. BELCHER DRIVE 3405 S. BELCHER DRIVE TAMPA FL 33629 **TAMPA FL 33629** 3. Mailing Address 1/10/11/ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ity & State City & State 4, FEI Number Applied For 59-3633257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current egistered Agent 7. Name and Address of New Registered Agent Name BELL, GAIL Street 3405 S. BELCHER DRIVE **TAMPA FL 33629** 8. The above named entity submits this platement for the purpose of changing its registered office or register (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax-filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE TITLE ☐ Addition PD ☐ Delete NAME NAME BELL, GAIL CR2E034 STREET ADDRESS STREET ADDRESS 3405 S. BELCHER DRIVE CITY-ST-ZIF **TAMPA FL 33629** CITY-ST-ZIP anolongavo but treasurer Addition TITLE ☐ Delete Belcher " NAME BELL, DAN STREET ADDRESS STREET ADDRESS 3405 S BELDRER DRIVE CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33629** notonger officer, but Board director TITLE-Delete TITLE Change_ Addition NAME ROSENTHAL, RANDY NAME STREET ADDRESS STREET ADDRESS 3405 \$ BELDRER DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 Pnolonger treasurer But vice president Bekhern ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME **BELL. TONA** STREET ADDRESS STREET ADDRESS 3405 S BELDRER DRIVE CITY-ST-ZIP CITY-ST-ZIF **TAMPA FL 33629** Secretary Scarlett Suy Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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