2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036182

1. Entity Name

MAXINE BELL, P.A.

Principal Place of Business	Mailing Address
410 S. 1ST #D JACKSONVILLE BEACH FL 32250	410 S. 1ST #D JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

1803 8th St North

Suite, Apt. #, etc.

3. Mailing Address

1803 8th St. North

Suite, Apt. #, etc.

City & State: Jacksonville Beach FL

City & State: Jacksonville Beach FL

Zip: 32250 Country: Duval

Zip: 32250 Country: Duval

4. FEI Number: 59-1152302   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY, KIM 1803 8TH ST. NORTH JACKSONVILLE FL 32250	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD		TITLE	P.D		
NAME	BELL, MAXINE	☐ Delete	NAME	Maxine Bell	☑ Change	☐ Addition
STREET ADDRESS	410 S 1ST ST #D		STREET ADDRESS	1803 8th St North		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	Jacksonville Beach FL 32250		

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Maxine Bell, P.A._   2/25/2001   904-249-3804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)