

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/13

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-13-2003 90672 019 ***150.00

DOCUMENT # P02000008151

1. Entity Name
HOWARD AND DEWEY BELL, INC.



Principal Place of Business
5682 MOUNT OLIVE RD.
POLK CITY FL 33868

Mailing Address
5682 MOUNT OLIVE RD.
POLK CITY FL 33868

HOWARD AND DEWEY BELL, INC.

2. Principal Place of Business

5682 Mt Olive Rd

3. Mailing Address

Suite, Apt. #, etc.

5682 Mt Olive Rd

City & State

Polk City FL

City & State

POLK CITY FL

Zip

Country

Zip

Country

33868

POLK

33868

POLK

4. FEI Number

04-3601724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BELL, HOWARD
5682 MOUNT OLIVE RD.
POLK CITY FL 33868

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD AND DEWEY BELL, INC. <input type="checkbox"/> Delete 5682 Mt. Olive Rd, POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard Bell President INC. 5682 MT. OLIVE RD POLK CITY FL 33868 Vice President Dewey Bell
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 03

Date

863 9841437

Daytime Phone #

CR2E034 (10/02)