

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

7/3

07-30-2003 90066 006 ***150.00

DOCUMENT # P02000037409

1. Entity Name

WILLIAM C. BELL CONSULTING SERVICES, INC.



Principal Place of Business
**5300 HAYWOOD RUFFIN ROAD
ST. CLOUD FL 34771**

Mailing Address
**5300 HAYWOOD RUFFIN ROAD
ST. CLOUD FL 34771**

55053976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020568427

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

7. Name and Address of New Registered Agent

**BELL, WILLIAM C
5300 HAYWOOD RUFFIN ROAD
ST. CLOUD FL 34771**

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. 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

FEE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, WILLIAM C 5300 HAYWOOD RUFFIN ROAD ST. CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JANE K 5300 HAYWOOD RUFFIN ROAD ST. CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 2003

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

e Arrigoitia & Co., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

55053976

PO2000037409

July 23, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

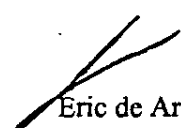
RE: 2003 (UBR)

Dear Agent;

This is the first year the business owner is in business. They never received notice of the report until after the fact of the \$400 penalty for late filing. If they had received the notice they would have filed it on time. We would asked that the penalty be waived and accept the \$150 fee.

If you have any questions, don't hesitate to give us a call. Thank you for your consideration on this matter.

Sincerely,


Eric de Arrigoitia, CPA