FILED
May 15, 2003 8:00 am
Secretary of State
05-15-2003 90116 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085854

1. Entity Name
BELL & CYPHERS, INC.

90135247

Principal Place of Business	Mailing Address
1032 COUNTRY OAKS BLVD. LAKE WALES, FL 33898	1032 COUNTRY OAKS BLVD. LAKE WALES, FL 33898

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1032 Country Oaks Blvd	1032 Country Oaks Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales FL.	City & State: Lake Wales FL.
Zip: 33898 Country: Polk	Zip: 33898 Country: Polk

4. FEI Number: 81-0564546 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, LEONARD E
1032 COUNTRY OAKS BLVD.
LAKE WALES, FL FL

7. Name and Address of New Registered Agent

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P ☐ Delete	☐ Change ☐ Addition
NAME	BELL, LEONARD ERIC	
STREET ADDRESS	1032 COUNTRY OAKS BLVD.	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	V ☐ Delete	☐ Change ☐ Addition
NAME	CYPHERS, AINSWORTH JR	
STREET ADDRESS	1032 COUNTRY OAKS BLVD.	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Leonard E. Bell 5/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

90135247

#P02000085854

DEPT. OF STATE

I THOUGHT I DIDN'T RECEIVE THIS REPORT BUT IT WAS LOCATED IN BOTTOM OF FILE CABINET. I ALSO THOUGHT IT WAS DUE BY THE 15TH OF MAY. SORRY.

COULD WAIVE FINE DUE TO THE FACT, WE ARE NOT WORKING AT THIS TIME DUE TO BAD KNEE

SINCERELY

Howard Dale