2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P93000006156 1. Entity Name BELLS FIREWORKS CO. 03-20-2000 90147 024 ***158.75 Mailing Address Principal Place of Business 7901 N. ARMENIA AVE. 7901 N. ARMENIA AVE. TAMPA FL 33604-3847 TAMPA FL 33614 UNUTI 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Citý & State 4. FEI Number Applied For City & State 23-1184198 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRACE, RONALD Street Address (P.O. Box Number is Not Acceptable) 508 FLETCHER AVE. **TAMPA FL 33612** Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 12. 11. OFFICERS AND DIRECTORS President Change M Addition Delete TITLE TITLE Robert M. Stall BELL, DONALD W NAME NAME STREET ADDRESS 7813 Espor Lake Dr. STREET ADDRESS 7813 N GOMEZ AVE CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Tages FL 32584 Vice president Christian A. Stohl ☐ Change ▲ Addition TiTt F TITLE **BELL, MAXINE W** NAME STREET ADDRESS 7813 EGYPT LAKE DR. 7813 Esypt Lake Dr. Tapa Fr 33614 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 ☐ Change Addition TITLE □ Detete HMAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.