## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P93000012497 1. Entity Name BEBELL & ASSOCIATES INC. 05-02-2000 90034 039 \*\*\*150.00 Mailing Address Principal Place of Business 13051 106TH AVE N 13051 106TH AVE N LARGO FL 33774-5603 LARGO FL 33774 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3167930 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEBELL, DENISE D Street Address (P.O. Box Number is Not Acceptable) 13051 106TH AVE N **LARGO FL 33774** 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.- Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change BEBELL, DENISE D. NAME NAME STREET ADDRESS 13051 106TH AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME . ... STREET ADDRESS STREET ADDRESS 111 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 is, indicated on this report or supplemental report is true and acceptate and that my significant shall have the same legal effect as if made under oath; that I am an officer or director legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 of the corporation or the receiver of changed, or on an attachment wi

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP