

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90160 033 ***150.00

DOCUMENT # P95000052043

1. Entity Name

BELL'S BACK-SAVER INC.

Principal Place of Business

Mailing Address

30569 US 19 NORTH
PALM HARBOR FL 34684
US

50 GEOFFREY CT
OLDSMAR FL 34655-4627

00003668

2. Principal Place of Business

3. Mailing Address

30569 US 19 No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Palm Harbor, FL

4. FEI Number

59-3324691

Applied For

Not Applicable

Zip

Country

Zip

34684

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, ROBERT N
50 GEOFFREY CT
OLDSMAR FL 34677

Name

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

1150 Hominy Hill Drive

City

NewPort Richey

FL

Zip Code

34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BELL, ROBERT N
CITY-ST-ZIP 50 GEOFFREY CT
OLDSMAR FL 34677

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1150 Hominy Hill Drive
CITY-ST-ZIP NewPort Richey, FL 34655

TITLE ☐ Delete
NAME D
STREET ADDRESS BELL, DORA G.
CITY-ST-ZIP 50 GEOFFREY CT
OLDSMAR FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1150 Hominy Hill Drive
CITY-ST-ZIP NewPort Richey, FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE: R. N. Bell 1/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/24/00 Daytime Phone # 727-781-7800

CR2E034 (9/99)