

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061003

1. Entity Name

BELL STAR, INC.

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90040 012 \*\*\*550.00

Principal Place of Business

2007 SW MORELIA LANE  
 PORT ST. LUCIE FL 34953

Mailing Address

2007 SW MORELIA LANE  
 PORT ST. LUCIE FL 34953

2. Principal Place of Business

4199 SW MALLARD CREEK TRAIL

3. Mailing Address

P.O. BOX 880762

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM CITY, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-0609616

Applied For

Not Applicable

Zip

34990

Country

UNITED STATES

Zip

34988-0762

Country

UNITED STATES

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

Name

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

BELL, VALERIE

2007 SW MORELIA LANE

PORT ST. LUCIE FL 34953

4199 SW MALLARD CREEK TRAIL

CITY PALM CITY

FL

Zip Code 34990

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 P  
 NAME BELL, CHARLES W  
 STREET ADDRESS 2007 SW MORELIA LANE  
 CITY-ST-ZIP PORT ST LUCIE FL 34953 ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000 561-349-5353  
 Date Daytime Phone #

CR2E034 (5/00)