2002 UNIFORM BUSINESS REPORT (UBR)							use lot		
1. Entity Nam	MENT # BELL, INC.	P95000	0095698					FILED	
•								02 JUN 19 AM 10: 04	
Principal Plac	•		Mailing Address						
9032 OLD CHEMONIE ROAD TALLAHASSEE FL 32308			9032 OLD CHEMONIE ROAD TALLAHASSEE FL 32308				SECKETARY OF STATE TALLAHASSEE, FESSIOA		
						THE REPORT OF THE PRINT BRITT			
2. Principal P	Place of Business		3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State				4. F	FEI Number 59-3353003 Applied For Not Applicable	
Zip Country		itry	Zip Cou		ntry		5. Certificate of Status Desired See Required		
	6. Name and Ad	dress of Current Re	gistered Agent	<u> </u>			7. N	Name and Address of New Registered Agent	
BELL, LAWRENCE A 70 NORWICH CIRCLE NICEVILLE FL 32578					Name Street Address (P.O. Box Number is Not Acceptable)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City	FL Zip Code					
8. The above	named entity submit	s this statement for the	ne purpose of changing its	register	ed office or	registere	ed age	ent, 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									
Tax filing	oration is eligible to s requirement and elec ria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of			50.00	ө	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.		OFFICERS AND DI		12.			ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME BELL, JAMES D STREET ADDRESS CHY-ST-ZIP TALLAHASSEE FL					4.			90006205759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BELL, THERESA J 9032 OLD CHEMONIE ROAD TALLAHASSEE FL							☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1	-		_ Change ☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STRI				☐ Change ☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAMÉ

☐ Delete

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☐ Change

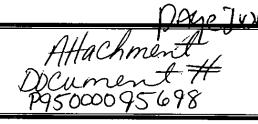
Change

Addition

Addition



Brooks, Harrison, Company



Certified Public Accountants

May 16, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed_please the 2002_Uniform Business_Report with a check in the amount of \$150.00. We respectfully request and abatement of the late filing fee of \$400.00. This form was given to me in the early part of February by the taxpayer. Due to a disagreement with an associated organization, the client's files and this form was not released back to me until the deadline had lapsed. The taxpayer had no control over the situation and therefor requesting abatement.

If you need any other information, please feel free to contact me.

Sincerely,

Christopher B. Brooks
Certified Public Accountant