

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90304 010 ***150.00

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1. Entity Name
THE LAW OFFICE OF RICHARD BELLIS, P.A.



Principal Place of Business
TWO SO. UNIVERSITY DR.
280
PLANTATION, FL 33324 US

Mailing Address
C/O BRIAN LYNN CPA
2 SO. UNIVERSITY DR., SUITE 215
PLANTATION, FL 33324 US

50042481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0641390

Applied For
Not Applicable

Zip Country

Zip 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

BELLIS, RICHARD
TWO SO. UNIVERSITY DR. #280
PLANTATION, FL 33324
*400 N. Pine Island Road
Second Floor*

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐ BELLIS, RICHARD
TWO SO. UNIVERSITY DR., #280
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

TITLE
NAME
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CITY - ST - ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☒ Addition ☐
400 N. Pine Island Road, Second FL

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

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

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Change ☐ Addition ☐

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STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition ☐

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Bellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2005
Date Daytime Phone #