

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90010 008 ***150.00

DOCUMENT # P98000032451

1. Entity Name
BELL VENTURES, INC.

Principal Place of Business
4049 Devlin Court
Tallahassee, FL 32308-2745

Mailing Address
4049 Devlin Court
Tallahassee, FL 32308-2745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504011**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPRINKLE, PHILLIP M

777 SO FLAGLER DR STE 900-E
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **MADDOX, SCOTT**

Street Address (P.O. Box Number is Not Acceptable)
301 SOUTH BRONOUGH ST

City **TALLHASSEE**

FL **32301**
 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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

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, 2001 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

TITLE **D, PRESIDENT** ☐ Delete
 NAME **BELL, J. SAM, JR.**
 STREET ADDRESS **4049 DEVLIN COURT**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308-2745**

TITLE **D, SECRETARY-TREASURER** ☐ Delete
 NAME **BELL, JON E**
 STREET ADDRESS **4049 DEVLIN COURT**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308-2745**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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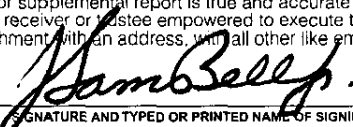
TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:



J. Sam Bell, Jr.

3-12-2001

(850) 894-2862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)