

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069733

1. Entity Name

BELL WARD CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90252 023 ***150.00

Principal Place of Business

Mailing Address

5655 WELLINGTON DRIVE
 PALM HARBOR FL 34685

5655 WELLINGTON DRIVE
 PALM HARBOR FL 33712-5637

2. Principal Place of Business

2157 BAYOU GRANDE BLVD

3. Mailing Address

2157 BAYOU GRANDE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST PETERSBURG, FL

City & State
ST PETERSBURG FL

4. FEI Number

650864028

Applied For

Not Applicable

Zip
33703

Country
USA

Zip
33703

Country
USA

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

ABRAMS, DANIEL E
4400 N FEDERAL HWY STE 210
BOCA RATON FL 33431

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.

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 WARD, MICHAEL**
 STREET ADDRESS **5655 WELLINGTON DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE Change Addition
 NAME **D WARD, MICHAEL**
 STREET ADDRESS **2506 70th AVE S**
 CITY-ST-ZIP **ST PETERSBURG, FL, 33710**

TITLE Delete
 NAME **D BELL, LEONA**
 STREET ADDRESS **5655 WELLINGTON DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE Change Addition
 NAME **D BELL, LEONA**
 STREET ADDRESS **2157 BAYOU GRANDE BLVD**
 CITY-ST-ZIP **ST PETERSBURG, FL, 33703**

TITLE Delete
 NAME **D BELL, DAVID**
 STREET ADDRESS **32 BIGGER ROAD**
 CITY-ST-ZIP **NEWARTH MOTHERWELL SCOTLAND FL 34685**

TITLE Change Addition
 NAME **D BELL, DAVID**
 STREET ADDRESS **2157 BAYOU GRANDE BLVD**
 CITY-ST-ZIP **ST PETERSBURG, FL, 33703**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

MICHAEL WARD

2/17/00

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)