## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P99000069733 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** BELL WARD CORP. 03-03-2000 90252 023 \*\*\*150.00 Mailing Address Principal Place of Business 5655 WELLINGTON DRIVE 5655 WELLINGTON DRIVE PALM HARBOR FL 33712-5637 PALM HARBOR FL 34685 3. Mailing Address 2. Principal Place of Business GEANDE BLUD Suite, Apt DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 650864028 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABRAMS, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 4400 N FEDERAL HWY STE 210 **BOCA RATON FL 33431** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D Delete TITLE Addition TITLE WARD, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 5655 WELLINGTON DR CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete TITLE TITLE **BELL. LEONA** NAME STREET ADDRESS STREET ADDRESS 5655 WELLINGTON DR CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 Detetē TITLE THLE GRANDE BLUS **BELL. DAVID** NAME NAME STREET ADDRESS STREET ADDRESS 32 BIGGER ROAD CITY-ST-ZIP **NEWARTH MOTHERWELL SCOTLAND FL 34685** CITY-ST-ZIP TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP th his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information s nnlied v accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplement of the corporation or the receiver or changed, or on an attachment with SIGNATURE:

OB FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone