

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070700

1. Entity Name

BELL DESIGN GROUP, INC.

P

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90089 028 ***150.00

A0075375



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4820 S. PENINSULA DR.
 PONCE INLET FL 32127

4820 S. PENINSULA DR.
 PONCE INLET FL 32127-7223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFL Number

59-3605563

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

DORAN, THEODORE R
 444 SEABREEZE BLVD., STE. 800
 DAYTONA BEACH FL 32118

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
 STREET ADDRESS BELL, GARY D
 CITY-ST-ZIP 4820 S. PENINSULA DR.
 PONCE INLET FL 32127

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

attachment Doc# : P99000070700
A0075375

August 31, 2000

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

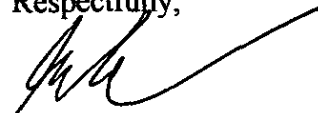
Dear Sir or Madam:

Please accept my enclosed check in the amount of \$150.00 for corporation filing fees. I really have not started using this company. I set it up mainly to do some benefit artwork for my cancer hospital and eventually, I will be using the company for some income producing projects.

I made the mistake of not knowing I was due a fee and just put these incoming forms in my drawer not realizing there was an annual fee required. Until I mentioned to my accountant friend and he said you better get this done.

Please let me know if you cannot accept this check for \$150.00, so I can keep the corporation in place. Thank you for your consideration in this matter. I can be reached during the weekdays at 1-800-824-0080.

Respectfully,



Gary D. Bell
President

Bell Design Group, Inc.
4820 S. Peninsula Drive
Ponce Inlet, FL 32127