

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088539

1. Entity Name

CHRIS BELL'S INSTALLATION, INC.

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

05-03-2000 90060 036 ***150.00

Principal Place of Business

Mailing Address

8158 NATURES WAY #3
 LAKEWOOD FL 34202

8158 NATURES WAY #3
 LAKEWOOD FL 34202-4133

2. Principal Place of Business

3. Mailing Address

11818 Acorn Woods Terrace

11818 Acorn Woods Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton, FL

Bradenton, FL

Zip

Country

Zip

Country

34202

USA

34202

USA

4. FEI Number

65-0951276

Applied For

Not Applicable

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

BELL, CHRIS
 8158 NATURES WAY #3
 LAKEWOOD FL 34202

Name

Chris Bell

Street Address (P.O. Box Number is Not Acceptable)

11818 Acorn Woods Terrace

City

Bradenton

FL

Zip Code

34202

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

Chris Bell

4/25/00

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 President
 STREET ADDRESS Chris Bell
 CITY-ST-ZIP 11818 Acorn Woods Terrace
 Bradenton, FL 34202

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

TITLE ☐ Delete
 NAME Vice-President
 STREET ADDRESS Michelle Bell
 CITY-ST-ZIP 11818 Acorn Woods Terrace
 Bradenton, FL 34202

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

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TITLE ☐ Delete
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 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:

Michelle L. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

941-739-5639

Daytime Phone #

CR2E034 (9/99)