

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088539

1. Entity Name  
**CHRIS BELL'S INSTALLATION, INC.**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90159 035 \*\*\*150.00

Principal Place of Business

11818 ACORN WOODS TERR  
BRADENTON FL 34202  
US

Mailing Address

11818 ACORN WOODS TERR  
BRADENTON FL 34202  
US

2. Principal Place of Business

2630 DAVIS BLV.  
Suite, Apt. #, etc.

3. Mailing Address

2630 DAVIS BLV.  
Suite, Apt. #, etc.

City & State

Sarasota FL  
Zip 34237 Country USA

City & State

Sarasota FL  
Zip 34237 Country 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

BELL, CHRIS  
11818 ACORN WOODS TERR  
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name CHRIS BELL  
Street Address (P.O. Box Number is Not Acceptable)  
2630 DAVIS BLV.  
City Sarasota FL Zip Code 34237

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 DATE 4/10/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BELL, CHRIS	
STREET ADDRESS	11818 ACORN WOODS TERRACE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BELL, MICHELLE	
STREET ADDRESS	11818 ACORN WOODS TERRACE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Chris Bell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (941) 7241732  
Date Daytime Phone #

CR2E034 (10/00)