

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

05-29-2002 90134 001 ***183.75
 09-19-2002 90159 012 ****61.25

DOCUMENT # N94000002415
 1. Entity Name
BRIDGES OF AMERICA, INC.

Principal Place of Business 2055 MERCY DRIVE ORLANDO FL 32808 US	Mailing Address 2055 MERCY DRIVE ORLANDO FL 32808 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2011 Mercy Drive	3. Mailing Address 2011 Mercy Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando FL	City & State Orlando FL
Zip 32808	Country USA

4. FEI Number 59-3266020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTANTINO, FRANK
2055 MERCY DRIVE
ORLANDO FL 32808-5629

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	COSTANINO, FRANK
STREET ADDRESS	5519 BAYSIDE DR
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> Delete
NAME	MCMURTRY, GRADY
STREET ADDRESS	4698 HALL RD
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> Delete
NAME	POITRAS, EDWARD W
STREET ADDRESS	27 LAKE HAMILTON BEACH
CITY-ST-ZIP	HAINES CITY FL 33844
TITLE	D <input type="checkbox"/> Delete
NAME	HARRISON, BEN
STREET ADDRESS	P O BOX 279
CITY-ST-ZIP	BRYSON CITY NC 28713
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, DON
STREET ADDRESS	6325 WHIP-O-WILL LANE
CITY-ST-ZIP	ST. CLOUD FL 34771
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Costantino
SIGNATURE REQUIRED

CR2E037 (4/02)