

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90020 010 ***150.00

DOCUMENT # P01000089215

1. Entity Name
B & P SALES & MARKETING, INC.

Principal Place of Business
2200 SIERRA DRIVE
NEW SMYRNA BEACH FL 32168

Mailing Address *etc*
~~2200 SIERRA DRIVE~~
NEW SMYRNA BEACH FL 32168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1129 N. Dixie Hwy, Unit G

3. Mailing Address
 Suite, Apt. #, etc.

City & State
New Smyrna Beach FL

City & State
 Zip Country

4. FEI Number
59-3744572

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELTSCHLAGER, WILLIAM M
2200 SIERRA DRIVE
NEW SMYRNA BEACH FL 32168

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.

SIGNATURE _____ (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, 2002 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS ELTSCHLAGER, WILLIAM M 2200 SIERRA DRIVE NEW SMYRNA BEACH FL 32168 | <input type="checkbox"/> Delete |
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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 live empowered.

SIGNATURE *Pamela J. Eltschlager* **PAMELA J. ELTSCHLAGER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/22/02 386-428-8751**

CR2E034 (9/01)