## FILED Apr 07, 2003 8:00 am Secretary of State

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT# PU1000120321  1. Entity Name  B.C.P. ENTERPRISES, INC.				04-07-2003 90941 025 ***150.00
Principal Place of Business 967 NW 79 TERRACE PLANTATION FL 33324		Mailing Address 967 NW 79 TERRACE PLANTATION FL 33324		
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 80-0024840 Applied For
Zip	Country	Zip .	Country	5. Certificate of Status Desired See Required Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
			Name	and real ood of Holf Hogistolog Agolit
	RICHARD A C.P.A. V-59-97-97E-207-2-38 /	Wassmonta & 2 confo Sprungs 71. 32714	Street Address	(P.O. Box Number is Not Acceptable)
1	Alten	TL. 32714	City	FL Zip Code
After	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of	f State	Registered Agent signature require	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSEKAS, CATHY M 967 NW 79 TERRACE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	outification the information (A)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	certify that the information supplied with	i wis illing uoes novquality for	ule exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information

and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplem of the corporation or the receiver o changed, or on an attachment with

SIGNATURE: