


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-03-2003 90202 036 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P02000081893 | |  | |
| 1. Entity Name BSV GROUP INC. | | | |
| Principal Place of Business 2130 PEKOE COURT CLERMONT FL 34711 US | | Mailing Address 4523 30TH STREET WEST 118 BRADENTON FL 34207 US | |
| 2. Principal Place of Business | | 3. Mailing Address 2130 PEKOE COURT | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. CLERMONT | |
| City & State | | City & State CLERMONT FL | |
| Zip | Country | Zip | Country |
| | | 34711 | USA |
| 4. FEI Number 41-2052556 | | 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 AMERICAN PIONEERS ADVISORY INC. 4523 30TH STREET WEST 118 BRADENTON FL 34207 | | 7. Name and Address of New Registered Agent Name: Byrd + Gantt CPAs Street Address (P.O. Box Number is Not Acceptable) 3355 W. Vine St. #102 City: KISSIMMEE FL Zip Code: 34741 | |
| 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: <u>Deek Beven</u> BYRD + GANTT CPAs DATE: <u>4/30/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WELLS, GRAHAM W 2130 PEKOE COURT CLERMONT FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WELLS, MICHELE E 2130 PEKOE COURT CLERMONT FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered. | | | |
| SIGNATURE: <u>SIGNATURE REQUIRED</u> | | Date: <u>2/10/03</u> Daytime Phone #: <u>3122418121</u> | |

CR2E034 (10/02)