

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90179 014 \*\*\*150.00

DOCUMENT # P95000090748

1. Entity Name

**BICO, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 834 SUITE G SHALIMAR 32 32579-0834 US	Mailing Address P.O. BOX 834 SUITE G SHALIMAR 32 32579-0834 US
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2. Principal Place of Business <i>P.O. Box 834</i>	3. Mailing Address <i>P.O. Box 834</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Shalimar, FL</i>	City & State <i>Shalimar, FL</i>	4. FEI Number <b>59-3346209</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32579-0834</i>	Country <i>USA</i>	Zip <i>32579-0834</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**PERRI, DANIEL C**  
**5 CLIFFORD DR**  
**SUITE 12**  
**SHALIMAR FL 32579**

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, 2000 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 D GOODFELLOW, RONALD E 253 COUNTRY CLUB RD SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE V GOODFELLOW, JUDY E 253 COUNTRY CLUB RD SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald Goodfellow*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/2000* *850-651-1727*  
 Date Daytime Phone #

CR2E034 (9/99)