

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State
 07-21-2000 90150 016 ***558.75

DOCUMENT # P96000058509

1. Entity Name
 BST Group, Inc.

Principal Place of Business Mailing Address

18154 Morrison Street 18154 Morrison Street
 Groveland, FL 34736 Groveland, FL 34736

2. Principal Place of Business 3. Mailing Address

911 Chestnut Street 911 Chestnut Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Clearwater, FL 33756 Clearwater, FL 33756

Zip Country Zip Country

4. FEI Number Applied For

59-3403949 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Bruce H. Bokor, Esquire Name

911 Chestnut Street Street Address (P.O. Box Number is Not Acceptable)

Clearwater, Florida 33756 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 DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing Trust Fund Contribution.

(See criteria on back) \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS MacKay, Colleen 18154 Morrison Street Groveland, FL 34736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Bokor, Bruce H. 2137 Laurence Drive Clearwater, Florida 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Harper, James R. 150 Palmetto Road Belleair, FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Delgado, Carlos 4960 SW 72nd Avenue, Suite 250 Miami, Florida 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input type="checkbox"/> Delete	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: 7/14/00 727-461-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)