

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2000 8:00 am**
Secretary of State

09-13-2000 90013 038 ***150.00

DOCUMENT # 384373

1. Entity Name

BISHOP PROCESS EQUIPMENT, INC.*P*

Principal Place of Business

**P.O. BOX 1403
TAMPA FL 33601**

Mailing Address

**P.O. BOX 1403
TAMPA FL 33601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1352988

Applied For

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

**BISHOP, R W
412 MADISON STREET
SUITE 903
TAMPA FL 33601**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **P** ☐ Delete
NAME **BISHOP, R. W**
STREET ADDRESS **412 MADISON STREET, SUITE 903**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/9/00**

Daytime Phone #

CR2E034 (5/00)

Attachment
D# 384373
DUJ85513

ARNOLD AND CO., P.A.
CERTIFIED PUBLIC ACCOUNTANTS
41 SOUTHEAST 9TH TERRACE
OCALA, FLORIDA 34471
(352) 732-6664
FAX (352) 732-6265

MAILING ADDRESS:
POST OFFICE BOX 1596
OCALA, FLORIDA 34478

SHEILA P. ARNOLD, C.P.A.

PATRICIA G. SAUEY, C.P.A.

August 22, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Bishop Process Equipment, Inc.
2000 UBR, Document #384373

Dear Sirs,

This letter is in regards to the 2000 Uniform Business Report for the above mentioned taxpayer. The taxpayer did not receive the first request for filing by May 1, 2000 and therefore requests that this report be accepted as timely filed and the enclosed fee of \$150.00 be accepted as payment in full.

If you have any questions, please call.

Very truly yours,



Sheila P. Arnold

SPA\ps

ENCLOSURE