

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90338 038 ***150.00

DOCUMENT # **567722**

1. Entity Name
BAMSI INCORPORATED

Principal Place of Business

**1650 CHAFFEE DRIVE
 TITUSVILLE FL 32780
 US**

Mailing Address

**PO BOX 1659
 TITUSVILLE FL 32781-1659
 US**

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
59-1855293

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, INA M
 1650 CHAFFEE DR.
 TITUSVILLE FL 32780**

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

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 \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, HUGH M. 3740 RANEY ROAD TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BROWN, INA M 3740 RANEY ROAD TITUSVILLE FL 32780 <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
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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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INA M. BROWN
INA M. BROWN
 Date: **1/23/2002** Daytime Phone #: **321-262-4193**

CR2E034 (9/01)



Attachment # 567722 / 657713
Government • Commercial • International

May 3rd, 2002

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
P.O.Box # 6327
Tallahassee, Florida 32314

Reference: #567722

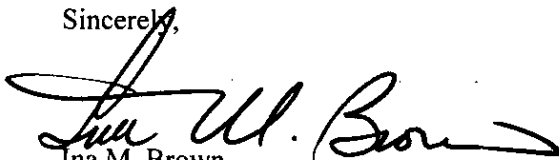
Attention: Michelle

Dear Michelle:

I am enclosing BAMSI, Inc.'s check #17090 in the amount of \$150.00 annual filing fee, as indicated during our telephone discussion of May 2nd. This check replaces check #17064 previously sent (see attached copy of check stub).

Thank you for your assistance in this matter.

Sincerely,


Ina M. Brown
Executive Vice President

enclosures:

IMB/

"We work hard to earn your confidence. . . even harder to retain it"