

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90195 022 ***550.00

DOCUMENT # F00000004218

1. Entity Name
BPB ACQUISITION, INC.

Principal Place of Business

**5301 W CYPRESS ST
 SUITE 300
 TAMPA FL 33607**

Mailing Address

**5301 W CYPRESS ST
 SUITE 300
 TAMPA FL 33607**

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 **98-0226859**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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 NAME	PDC THOMPSON, BRENT R	☐ Delete
STREET ADDRESS	5301 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	AS SMITH, MARTIN	☒ Delete
STREET ADDRESS	5301 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	VDCF CAMPBELL, KEITH C	☐ Delete
STREET ADDRESS	5301 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	VD MOSES, DONALD E	☐ Delete
STREET ADDRESS	5301 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	VD MORROW, ROBERT J	☐ Delete
STREET ADDRESS	5301 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	S LAWRENCE, RAYBURN D	☐ Delete
STREET ADDRESS	5301 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE NAME	See Complete List of Officers & Directors Attached	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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:

Rayburn D Lawrence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/08/02

813-286-3935

Date

Daytime Phone #

CR2E034 (4/02)

F0000000448