## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 50 CENTURY BLVD

**NASHVILLE TN 37214-3672** 

SUITE 830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## DOCUMENT # F9400000934

1. Entity Name

.... BNA DR SUITE 212

Principal Place of Business

BRIDGESTONE ENGINEERED PRODUCTS COMPANY, INC.

NASHVILLE TN 37217 US		NASHVILLE TN 37214-3672 US				1 ( <b>6)</b> (( <b>1)</b>	( <b>8</b> 9)  <b>3</b> 40   <b>66</b>    <b>1</b>	<b>1</b> ))( <b>16</b> (() <b>11</b> (	II <b>21</b> 181 (	16112 18185 1	(I)	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.					DO NOT W	/RITE IN T	HIS SF	PACE		
City & State		City & State			<b>4.</b> FI	El Number	34-16721	150		<del></del>	pplied For lot Applicab	le
Zip	Country	Zip	Country			ertificate of	Status Desire	d 🗆		<b>8.75</b> Acee Requir		
	6. Name and Address of Current F	Registered Agent			7. N	ame and A	ddress of Nev	v Registe	red Aç	jent		$\Box$
				Name	and Therese	ويعدد سيء الداعيية					"e"	- 1
CT CC 8751 PLAN	Street Address (P.O. Box Number is Not Acceptable)											
l				City					FL	Zip Co	de	7
8. The above	named entity submits this statement for	the purpose of changing its	s registere	d office or regist	ered age	nt, or both,	in the State of	Florida.		_		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature requir	red when rem	nstating)	<del></del>	D	ATÉ			
·	***											$\dashv$
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.  a on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			late	Trust	tion Campaign Fund Contribu	ution.		Adde	00 May Be ed to Fees	
11.	OFFICERS AND I	<del></del>	12.		ADO	DITIONS/C	HANGES TO C	OFFICERS			RS IN 11	
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	HIROSHI, NAKAMURA 402 BNA DRIVE, SUITE 212 NASHVILLE TN 37217	·		ET ADDRESS ST-ZIP								
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NAME .	CRIGGER, GARY B	□ Delete	NAME						'	U.J. Ondings		``}
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: I	NASHVILLE TN 37214			ST-ZIP								
13. I hereby co	ertify that the information supplied with	this filing does not qualify fo	or the exer	motion stated in S	Section 1	19.07(3)(i)	Florida Statute	es. I furthe	r certif	y that the	information	$\dashv$
indicated	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that I wered to execute this report	my signat Las requir	ure shall have thi	e same le	egal effect i	as if made und	ier oath: th	ıat I an	n an office	er or director or Block 12 i	j

FILED

May 23, 2000 8:00 am Secretary of State

05-23-2000 90266 026 \*\*\*150.00

4/28/00