

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001604

1. Entity Name

BISHOPS SERVICES INCORPORATED

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90105 043 ***150.00

Principal Place of Business

2300 GLADES ROAD, #312W
BOCA RATON FL 33431

Mailing Address

2300 GLADES ROAD, #312W
BOCA RATON FL 33431-8515

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

13-3408282

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

MCGLYNN, JOHN A
BISHOPS SERVICES INC.
2300 GLADES ROAD, #312 W
BOCA RATON FL 33431

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, 2000 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

TITLE PD ☐ Delete
NAME MCGLYNN, JOHN A
STREET ADDRESS 3237 LAKE SHORE DR.
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE STD ☐ Delete
NAME FLATLEY, T K
STREET ADDRESS 215 W. 91ST ST.
CITY-ST-ZIP NEW YORK NY 10024

TITLE D ☐ Delete
NAME CORSON, LYNN
STREET ADDRESS P.O. BOX 457 N/A
CITY-ST-ZIP ONANCOCH VA 23417

TITLE D ☐ Delete
NAME SEITS, KEVIN
STREET ADDRESS P.O. BOX 179 N/A
CITY-ST-ZIP BROWNSVILLE VT 05037

TITLE D ☐ Delete
NAME GANDOLFO JR, VINCENT J
STREET ADDRESS 300 E. 54TH ST.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. MCGLYNN President

Date

Daytime Phone #

X 1/13/00

X 561 391 9590

CR2E034 (9/99)