

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90005 032 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000000865**1. Entity Name**
BMDC, INC.**Principal Place of Business**
16475 DALLAS PKWY. #185
ADDISON TX 75001**Mailing Address**
16475 DALLAS PKWY. #185
ADDISON TX 75001**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2321244**

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY**
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **PSTD** ☐ Delete
NAME **STOUT, R P**
STREET ADDRESS **16475 DALLAS PKWY, #185**
CITY-ST-ZIP **DALLAS TX****TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**00-03-01 972248 1333**
Date Daytime Phone #

CR2E034 (10/00)