

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**  
 02-11-2000 90015 038 \*\*\*158.75

**DOCUMENT # F98000006912**

1. Entity Name

**BIOSPHERE INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

6039 99TH CT  
 NORTH  
 PINELLAS PARK FL 33782  
 US

P.O. BOX 2967  
 PINELLAS PARK FL 33780-2967

2. Principal Place of Business

3. Mailing Address

10707 66th Street

P.O. Box 2967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

North

City & State

City & State

Pinellas Park, FL

Pinellas Park, FL

Zip  
 33782

Country  
 Pinellas

Zip  
 33782

Country  
 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1990927**

Applied For  
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, RON**  
**6039 99TH COURT NORTH**  
**PINELLAS PARK FL 33782**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PO**  
**KING, RON**  
**6039 99TH COURT NORTH**  
**PINELLAS PARK FL 33782** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**EA**  
**KING, YAKIMA M**  
**6039 99TH COURT NORTH**  
**PINELLAS PARK FL 33782** ☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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 like empowered.

SIGNATURE:

*Yakima M. King*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/5/2000 727-546-5431*