

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90311 011 ***150.00

DOCUMENT # G60057

1. Entity Name

B.D.P. INC.

Principal Place of Business

% BARBARA WEBB
 165 N. ORLANDO AVE.
 COCOA BEACH FL 32931

Mailing Address

% BARBARA WEBB
 165 N. ORLANDO AVE.
 COCOA BEACH FL 32931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

68 S. ATLANTIC AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Cocoa Beach, FL

Suite, Apt. #, etc.

68 S. ATLANTIC AVE

City & State

City & State

Cocoa Beach, FL

4. FEI Number

59-2353925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEBB, BARBARA
165 N. ORLANDO AVE.
COCOA BEACH FL 32931

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, 2002 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **WEBB, BARBARA S.**
 CITY-ST-ZIP **165 NORLANDE #3**
COCOA BEACH FL

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CARROLL, DAVID**
 CITY-ST-ZIP **1490 WILMAR AVE**
MERRITT ISLAND FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
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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:

Barbara Webb
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 321-783-2047

CR2E034 (9/01)