

# 2001 UNIFORM BUSINESS REPORT (UBR)

0355840

DOCUMENT # J37777

1. Entity Name

B. C. BUNDT, INC.

Principal Place of Business

5221 B EHRLICH RD.  
TAMPA FL 33624  
US

Mailing Address

PO BOX 271848  
TAMPA FL 33688-1848  
US

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 63-0940738

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

HOKES, VIRGINIA MRS.  
4313 CARROLLWOOD VILLAGE DR.  
TAMPA FL 33624

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MCREE, WILLIAM  
STREET ADDRESS PO BOX 273946 NA  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME McRee, William ☒ Change ☐ Addition  
STREET ADDRESS P.O. Box 101962  
CITY-ST-ZIP Birmingham, AL 35210

TITLE STD  
NAME HOKES, VIRGINIA T.  
STREET ADDRESS 4313 CARROLLWOOD VLG. DR  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003891136--2  
-03/21/01--01104--004  
\*\*\*\*167.50 \*\*\*\*167.50 ☐ Change ☐ Addition

TITLE COO  
NAME HOKES, JAMES J.  
STREET ADDRESS 4313 CARROLLWOOD VLG.DR.  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 16 AM 9:33



DO NOT WRITE IN THIS SPACE