

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J86328**

1. Entity Name

BICKFORD ALUMINUM & VINYL SUPERMARKET CO. INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90881 020 ***150.00

Principal Place of Business

**1422 10TH STREET
LAKE PARK FL 33403
US**

Mailing Address

**% BIRNIE F. BICKFORD
811 HIBISCUS AVE
JUNO BEACH FL 33408-1703**

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

59-2830804

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****BICKFORD, BIRNIE
811 HIBISCUS AVE
JUNO BEACH FL 33408**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	BICKFORD, PATRICIA A.	811 HIBISCUS AVE	JUNO BEACH FL	<input type="checkbox"/>
VPD	BICKFORD, BIRNIE F.	811 HIBISCUS AVE	JUNO BEACH FL 33408	<input type="checkbox"/>
VPD	BICKFORD, BIRNIE II	811 HIBISCUS AVE	JUNO BEACH FL	<input checked="" type="checkbox"/> Delete <i>2nd Time</i>
VPD	WILSON, KATHLEEN	565 RTE 10 S	GRANTHAM NH	<input type="checkbox"/>
S	LEISTER, GLORIA T	3824 HARWOOD ST	LAKE PARK FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Gloria T. Leister Sec. 4:28:00 561-881-9102

Date

Daytime Phone #

CR2E034 (9/99)