

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **K32256**

1. Entity Name

BILL BISHOP COMMUNICATIONS, Inc**FILED**
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90027 042 ***150.00

00059409

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**10702 San Tropez Cir
Estero FL 33928**

Mailing Address

**10702 San Tropez Cir
Estero FL 33928**

2. Principal Place of Business

10702 San Tropez Cir

3. Mailing Address

10702 San Tropez Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Estero FL 33928

City & State

Estero FL 33928

4. FEI Number

59-2902912

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

7. Name and Address of New Registered Agent

**Bishop, William A
10702 San Tropez Cir
Estero FL 33928**

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

7/20/019. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PDV BISHOP, WILLIAM A 10702 SAN TROPEZ CIR ESTERO FL 33928	<input type="checkbox"/>		
ST BISHOP, WILLIAM A 10702 SAN TROPEZ CIR ESTERO FL 33928	<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: **WM A BISHOP****WM A BISHOP, Pres****7/20/01****941-948-7222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)