

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90012 019 ***150.00

DOCUMENT # K88049

1. Entity Name
B S E PROPERTIES, INC.

Principal Place of Business
11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

Mailing Address
11422 SATELLITE BOULEVARD
ORLANDO FL 32837-9226

2. Principal Place of Business

3. Mailing Address
4069 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
PMB 319

City & State

City & State
ST. CLOUD, FL

4. FEI Number
59-2947655

Applied For
 Not Applicable

Zip

Country

Zip
34769

Country
Osceola

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KING, JAMES R
11422 SATELLITE BLVD
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name
JAMES R. KING
 Street Address (P.O. Box Number is Not Acceptable)
3730 Kissimmee Park Road
 City
St. Cloud **FL** Zip Code
34772

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 **JAMES R. KING**

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating)

4/25/02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
KING, JAMES R.
3730 KISSIMMEE PARK RD
SAINT CLOUD FL 34772 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
KING, CAROL
3730 KISSIMMEE PARK RD
SAINT CLOUD FL 34772 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
UDY, MICHAEL R.
545 TIBERON COVE
LONGWOOD FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

407-857-3818

Daytime Phone #

CR2E034 (9/01)