

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90206 032 *****55.00

DOCUMENT # L01000000194

1. Entity Name

BACRET ENTERPRISES LTD. CO.

Principal Place of Business

**12555 4TH ST. E.
 TREASURE ISLAND FL 33706**

Mailing Address

**PO BOX 9665
 TREASURE ISLAND FL 33740**

2. Principal Place of Business

6536 6th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip Country

33710 USA

4. FEI Number

59-3688038

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, CONNIE
 12555 4TH ST. E.
 TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name
Connie Chapman
 Street Address (P.O. Box Number is Not Acceptable)
6536 6th Ave. N.
 City
St. Petersburg FL Zip Code
33710

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

Connie Chapman

Connie Chapman

4/3/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
 NAME
CHAPMAN, CONNIE
 STREET ADDRESS
12555 4TH ST. E.
 CITY-ST-ZIP
TREASURE ISLAND FL 33706

☐ Delete

TITLE
MGR
 NAME
MATTERN, BRUCE W
 STREET ADDRESS
12555 4TH ST. E.
 CITY-ST-ZIP
TREASURE ISLAND FL 33706

☐ 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
Mgr
 NAME
Connie Chapman
 STREET ADDRESS
6536 6th Ave. N.
 CITY-ST-ZIP
St. Petersburg FL 33710

☒ Change ☐ Addition

TITLE
Mgr
 NAME
Bruce W Mattern
 STREET ADDRESS
6536 6th Ave. N.
 CITY-ST-ZIP
St. Petersburg FL 33710

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Connie Chapman

Connie Chapman

3/28/02 727 3638312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)