

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90008 016 ***150.00

DOCUMENT # : L15204	
1. Entity Name	
BIEDERMAN ENTERPRISES, INC.	
Principal Place of Business	Mailing Address
4200 S. HWY. 19A	2035 OVERVIEW LN
MT DORA FL 32757	EUSTIS FL 32726
US	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	59-2972470	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BIEDERMAN, ROGER 2035 OVERVIEW LN EUSTIS FL 32726	Name
	Street Address (1)
	City

7. **Name and Address of New Registered Agent**

P.O. Box Number is Not Acceptable)

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 reinstalling) _____ 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
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[illegible][illegible]

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 04-17-02 352-357-9964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #