2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000008061

BRIDGEKEEPERS, INC.



FILED May 06, 2003 8:00 am § Secretary of State 05-06-2003 90035 021 ****61.25

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Principal Plac	ce of Business	3	Maili	ng Address			}					
6105 GALLEON WAY TAMPA FL 33615				GALLEON WAY A FL 33615								
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number		Applied For Not Applicable			1
Zip _	ipCountry			Zip C		5. Certificate of		tus Desired	esired S8.75 Additional Fee Required			
	6. Name	and Address of Curren	t Register	ed Agent	<u> </u>		7. Name and Addre	ess of New F	Registered Ag	ent		1
						Name		 				
ALONGE, JOSEPH P 6105 GALLEON WAY						Street Address (P.O. Box Number is Not Acce		ot Acceptable	e)			
TAMPA P	EL 33615	* ************************************										[
						City			FL	Zip Code)	1
			or the pur	pose of changing its	register	ed office or regis	stered agent, or both, in the	ne State of FI	orida. I am fan	niliar with,	and accept	1
the obligat	tions of regist	ered agent.										
SIGNATURE		<u> </u>					<u></u>					
	Signature, typed	or printed name of registered ager	t and title if ap	oplicable. (NOTE	E: Registere	ed Agent signature requ	uired when reinstating)		DATE			
				9. Election Can	nnaign F	inancing	\$5.00 May Be	N.A.s	ike Check F	Pavahla :	to	
FILE NOW: FEE IS \$61.25				Trust Fund Contribution.			Added to Fees		da Departm			
10.		OFFICERS AND D	IDECTOR		11.		ADDITIONS/CHANGE	S TO OFFICE	DO AND DIDE	CTORS IN	10	-
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12. I hereby certify that the information supplied with this filing does no indicated on this report or supplemental report is true and accurate of the corporation or the receiver or frustee enpowered to expedite changed, or on an attachment with an address, with all other likes in the changed. or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under eath; that I am an officer or director as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: