

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90266 028 ***150.00

DOCUMENT # P00000003394

1. Entity Name
B S F, INC.

Principal Place of Business
2639 HONEY ROAD
NORTH PALM BEACH FL 33403

Mailing Address
~~2639 HONEY ROAD~~
~~NORTH PALM BEACH FL 33403~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 30247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PAUM BEACH GARDENS. FL

Zip

Country

Zip

33420

Country

USA

4. FEI Number

65-0973790

Applied For

Not Applicable

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

FREEDMAN, BRET S
2639 HONEY ROAD
WEST PALM BEACH FL 33403

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 **BRET S FREEDMAN**

APRIL 20 2002
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CEOS
FREEDMAN, BRET S ☐ Delete
2639 HONEY ROAD
NORTH PALM BEACH FL 33403

TITLE
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☐ Change ☐ Addition

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2639 HONEY ROAD
NORTH PALM BEACH FL 33403

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 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

4-20-02 561-840-1427
 Date Daytime Phone #

CR2E034 (9/01)