2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91580 006 ***158.75

A0069995

DOCUMENT # P00000055513

1. Entity Name

BRIDGEPORT DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
7840 PROFESSIONAL PLACE TAMPA, FL 33637	7840 PROFESSIONAL PLACE TAMPA, FL 33637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3825 HENDERSON BLVD		3825 HENDERSON BLVD	
Suite, Apt. #, etc.: SUITE 207		Suite, Apt. #, etc.: SUITE 207	
City & State: TAMPA, FL		City & State: TAMPA, FL	
Zip: 33629	Country: USA	Zip: 33629	Country: USA

4. FEI Number: 59-3616463 — ☐ 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
MARTIN, ROBERT J 7840 PROFESSIONAL PLACE TAMPA, FL 33637	Name: ROBERT J MARTIN Street Address (P.O. Box Number is Not Acceptable): 3825 HENDERSON BLVD SUITE 207 City: TAMPA FL Zip Code: 33629

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] 4.30.01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

[illegible]

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	D MARTIN, ROBERT J 7840 PROFESSIONAL PLACE TAMPA, FL 33637	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT J MARTIN 3825 HENDERSON BLVD, SUITE 207 TAMPA, FL 33629	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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] 04-30-01 (813)898-1133