

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90029 008 ***150.00

DOCUMENT # P00000006581

1. Entity Name

BVW ENTERPRISES, INC.

Principal Place of Business

**965 CANDLELIGHT BLVD.. #88
BROOKSVILLE FL 34601**

Mailing Address

**965 CANDLELIGHT BLVD.. #88
BROOKSVILLE FL 34601**

2. Principal Place of Business

2742 SHILOH WAY EAST
Suite, Apt. #, etc.

3. Mailing Address

2742 SHILOH WAY EAST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-364-2173

Applied For

Not Applicable

Zip

Country

32308

USA

Zip

Country

32308

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOLFFRADT, BART VON
965 CANDLELIGHT BLVD., #88
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name **BART VON WOLFFRADT**

Street Address (P.O. Box Number is Not Acceptable)

2742 SHILOH WAY EAST

City **TALLAHASSEE**

FL

Zip Code **32308**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/12/01

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, 2001 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **BART VON WOLFFRADT**
CITY-ST-ZIP **2742 SHILOH WAY EAST
TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

850-591-2965

Daytime Phone #

CR2E034 (10/00)