

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90144 028 ***150.00

AV 060310

DOCUMENT # P00000026956

1. Entity Name

BISHOP MULTISENS INCORPORATED

80113173



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5 SEEDLING DRIVE
 SAFETY HARBOR FL 34695**

Mailing Address

**PO BOX 16435
 CLEARWATER FL 33766**

2. Principal Place of Business

2102 Gull Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Zip

Country

34695

4. FEI Number

59-3632201

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BISHOP, DIANE S
 5 SEEDLING DRIVE
 SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name **Bishop, Diane S.**
 Street Address (P.O. Box Number is Not Acceptable) **2102 Gull Lane**
 City **Safety Harbor** FL Zip Code **34695**

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 *Diane S. Bishop*

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

(NOTE: Registered Agent signature required when reinstating)

04-28-02

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	BISHOP, DIANE S	
STREET ADDRESS	5 SEEDLING DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BISHOP, STEVEN J	
STREET ADDRESS	5 SEEDLING DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bishop, Diane S.	
STREET ADDRESS	2102 Gull Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bishop, Steven J.	
STREET ADDRESS	2102 Gull Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven J. Bishop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 17231791-0786

Date Daytime Phone #

CR2E034 (9/01)